

**State of Delaware**

**DEPARTMENT OF CORRECTION  
PROFESSIONAL SERVICES REQUEST FOR PROPOSAL  
CORRECTIONAL MENTAL HEALTH SERVICES/SUBSTANCE ABUSE  
TREATMENT/DUI PROGRAMMING AND SEX OFFENDER TREATMENT**

**Contract No. DOC-1202Mental**

**February 23, 2012**

***- Deadline to Respond -*  
April 27, 2012  
4:00 PM EST**

**REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES  
TO PROVIDE CORRECTIONAL MENTAL HEALTH SERVICES/SUBSTANCE  
ABUSE TREATMENT/DUI PROGRAMMING AND SEX OFFENDER TREATMENT  
ISSUED BY STATE OF DELAWARE DEPARTMENT OF CORRECTION**

**I. Summary**

The State of Delaware Department of Correction seeks experienced Vendors to provide correctional mental health services, substance abuse treatment, DUI programming and sex offender treatment for the offenders in the Delaware Department of Correction ("DDOC"). This Request for Proposals contemplates the creation of a Professional Services Contract as defined by Delaware law. As set forth herein, the State of Delaware Department of Correction may determine that a multi-source award is most beneficial to the State of Delaware. This request for proposals ("RFP") is issued pursuant to 29 Del. C. §§ 6981, 6982, and 6986.

The proposed schedule of events subject to the RFP is outlined below:

Initial Public Notice	Date: February 23, 2012
Mandatory Pre-Bid Meeting	Date: March 26, 2012
Deadline for RFP Questions	Date: April 13, 2012
Deadline for Receipt of Proposals	Date: April 27, 2012
Vendor Presentations	Date: May 14, 2012
Recommendation by Proposal Evaluation Team	Date: May 25, 2012

A Pre-Bid Meeting is required of each Vendor intending to respond to this RFP. Each proposal must be accompanied by a transmittal letter which briefly summarizes the proposing party's interest in providing the required professional services. The transmittal letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal, including any contractual terms or conditions. Furthermore, the transmittal letter must attest to the fact that no activity related to this proposal contract will take place outside of the United States. The DDOC reserves the right to deny any and all exceptions taken to the RFP requirements.

## **II. Scope of Work**

### **A. OVERVIEW:**

The purpose of this RFP is to solicit bids from Vendors experienced in providing correctional mental health, substance abuse, DUI and/or sex offender programming. DDOC is seeking a single or multiple vendors to provide the following services:

- Mental Health Services
- Substance Abuse Treatment
- DUI Programming
- Sex Offender Treatment

Vendors are encouraged to bid on all services detailed in this RFP. In addition, the Vendors are encouraged to offer different pricing methodologies to include full risk by the Vendor for cost as well as any other method in which the DDOC would share in the risk of cost. Both must be presented with full disclosure of the cost as well as profit margins for the Vendor.

The DDOC offender population in Delaware is different than in all but six other states in that it includes the State's jail population. Jail offenders may be in the DDOC's custody prior to sentencing (the pre-sentenced population). In addition, the DDOC is responsible for the care of committed felons and others' sentenced to incarceration in the DDOC. Interested Vendor should be cognizant of the unique issues associated with these populations, including the separate National Commission on Correctional Health Care (NCCHC) health care standards applied to all offenders as they will be required to meet those standards. The Vendor is responsible for meeting all NCCHC standards as well as all DDOC policies. DDOC is preparing to receive ACA accreditation for its offender healthcare programs. As the DDOC applies for such accreditation, the Vendor will be required to assist DDOC in such process and will be required to adhere to ACA standards as the Department prepares to be audited by ACA. Vendor should carefully review the deliverables in this RFP and the information in the associated appendices to assure construction of their best response. The following is a brief profile of the DDOC:

- Approximately 28,000 offenders are admitted for incarceration and 28,000 released each year.
- 60% are sentenced to serve more than one year.
- 10% are sentenced to less than one year.
- 22% are offenders in detention status.
- Prison is for those serving one or more years.
- Jail is for those serving less than a year or for those being detained, may be longer on average.
- The average length of stay for the detention population is 29 days.
- The average length of stay for the jailed population is 49 days.
- The average length of stay for the prison population is 29.2 months.

The DDOC's responsibility for providing offender mental health care stems from the United States and State of Delaware Constitutions, along with certain applicable

statutory and common law requirements. It is further codified in Delaware State law (29 Del. C. §6536) wherein an offender eligible to receive health care services is defined as a person under the control and custody of the DDOC, incarcerated or housed within any DDOC facility, or on an institutional count including any offender hospitalized in a community hospital, Delaware Psychiatric Center, or other health care institution outside a DDOC facility. Additionally, DDOC is currently being monitored for compliance with the terms of a Memorandum of Agreement (“MOA”) between the State of Delaware and the United States Department of Justice. The terms of the MOA are publicly available on the DDOC website, <http://doc.delaware.gov>. The terms of the MOA represent an additional baseline performance measure for any Vendor. The purpose of the Vendor correctional health care system(s) must clearly focus on providing offenders with access to care to meet their serious medical, dental, and mental health needs, on-site whenever possible, and through a coordinated network of on-site and off-site community resources at the best most efficient cost, when necessary.

Further DDOC system data can also be found on the DDOC website and mental health care data that profiles offender services in the DDOC can be found in Appendices A through I attached to this document.

## **B. GENERAL REQUIREMENTS:**

### **1. Summary of Service Provision**

The Mental Health Care Vendor will be responsible for offering on-site Health Care services. The Mental Health Care Vendor shall be tasked with providing as much care on-site as possible so as to prudently use budgeted dollars and prevent off-site travel whenever possible. Off-site travel always includes at least one officer and most often two officers which, along with the vehicle, increase the cost and special security procedures which can be avoided if care is kept on-site.

### **2. Categorized Pricing Information Required**

Vendors are required to provide individualized pricing information specific to each of the following areas:

- Mental Health Services
- Substance Abuse Treatment
- DUI Programming
- Sex Offender Treatment

Proposals must contain both an aggregated price quote for all services and specific price information for each category. Failure to provide pricing as directed will cause the proposal to be deemed non-responsive.

#### **Mental Health Services:**

The Vendor shall be responsible for administrative efficiency, quality and cost-effectiveness of mental health services. The Mental Health Services Vendor shall be

available to confer with the Bureau Chief at any time given sufficient notice concerning any provisions of this Agreement, any proposed changes in the Agreement or any other matter pertaining to the performance of the contract.

The Mental Health Services Vendor shall provide the following services:

- a) A clinical and administrative supervisor for the therapists who is responsible for coordinating all DDOC on-site mental health clinical operations with DDOC through the facility administrator as well as the facility security staff. The supervisor shall:
  - Supervise, administratively and clinically, all Mental Health Services Vendor staff providing services within the DDOC;
  - Be held accountable by the Mental Health Service Vendor for meeting the mental health program obligations detailed in this RFP; and
  - Work closely with the DDOC Mental Health Administrator.
- b) The Vendor shall perform mental health assessments, including evaluations to determine whether an offender is competent to make medical decisions, subsequent to referral by the Medical Services Vendor, the facility warden (or designee) or DDOC Treatment staff at intake or at any time during the offenders incarceration.
- c) The Vendor is responsible for assuring its staff uses the Delaware Automated Correction System (DACS) for all its intended purposes related to mental health. Initial training on the system will be provided by DDOC staff. Follow up training is the responsibility of the Vendor.
- d) The Vendor shall provide Case Management of offenders with psychiatric histories or symptoms, including:
  - Serious mental illness;
  - Adjustment difficulties;
  - Decompensation;
  - Aggressive behavior and/or victimization;
  - Suicidal/homicidal ideation;
  - Dementia; and
  - Other significant cognitive/emotional impairment.
- e) Mental Health Programming: Upon request or referral, each offender shall receive an initial assessment and orientation to the services available including the following:
  - i. Individual assignment to Mental Health Services Vendor staff. Each offender identified as in need of mental health treatment shall be assigned to a primary therapist (at the facility in which the offender resides) who shall provide individualized one-on-one treatment and discharge planning;

- ii. Group treatment activities in general population or on a Special Needs Unit and shall also be included in services provided to the extent called for in the program statements developed by the DDOC and determined clinically appropriate by the Vendor's clinicians; and
  - iii. Group treatment and other mental health programming shall be provided to jail and prison offenders in segregation and in general population.
- f) Receiving Screening: Mental health screening at intake will be performed by Medical Services Vendor's staff during the comprehensive intake screening and recorded in DACS. Offenders demonstrating the following will be referred for additional evaluation and testing with a notification to Mental Health Services Vendor's staff via DACS:
- Impaired cognitive functioning;
  - Offenders identified as having "special needs" related to mental disorders; and
  - Significant psychological distress or positive signs for potential of mental health disease/diagnosis.

In the event of a positive response to a question on the mental health portion of the receiving screening, qualified mental health professionals, including psychiatrists, psychiatric nurse practitioners, psychologists, psychiatric nurses, mental health clinicians or psychiatric social workers will perform further mental health evaluation within 24 hours. The mental health evaluation will be filed in the Offender Medical Record. On-call staff must be available 24/7 for those identified during initial screening to require immediate mental health evaluation and assessment.

- Decompensation;
  - Aggressive behavior and/or victimization;
  - Suicidal/homicidal ideation;
  - Withdrawal;
  - Dementia; and
  - Other significant cognitive/emotional impairment.
- g) Mental Health Programming: Upon request or referral, each offender shall receive an initial assessment and orientation to the services available including the following:
- i. Individual assignment to Mental Health Services Vendor staff. Each offender identified as in need of mental health treatment shall be assigned to a primary therapist (at the facility in which the offender resides) who shall provide individualized one-on-one treatment and discharge planning;
  - ii. Group treatment activities in general population or on a Special Needs Unit and shall also be included in services provided to the extent called for in the program statements developed by the DDOC and determined clinically appropriate by the Vendor's clinicians; and

- iii. Group treatment and other mental health programming shall be provided to jail and prison offenders in segregation and in general population.
- h) Receiving Screening: Mental health screening at intake will be performed by Medical Services Vendor's staff during the comprehensive intake screening and recorded in DACS. Offenders demonstrating the following will be referred for additional evaluation and testing with a notification to Mental Health Services Vendor's staff via DACS:
  - Impaired cognitive functioning;
  - Offenders identified as having "special needs" related to mental disorders; and
  - Significant psychological distress or positive signs for potential of mental health disease/diagnosis.

In the event of a positive response to a question on the mental health portion of the receiving screening, qualified mental health professionals, including psychiatrists, psychiatric nurse practitioners, psychologists, psychiatric nurses, mental health clinicians or psychiatric social workers will perform further mental health evaluation within 24 hours. The mental health evaluation will be filed in the Offender Medical Record. On-call staff must be available 24/7 for those identified during initial screening to require immediate mental health evaluation and assessment.

The Vendor is responsible for all mental health related training for DDOC as well as medical and mental health services providers. DDOC and medical staff will require training in topics such as mental health awareness, suicide prevention, and special needs population. Mental health clinical staff will be required to have on-going training on topic such as; treatment planning, behavior plans, suicide risk assessment, evaluation and treatment. The PCO observers will be required to have additional training prior to assuming their position. All training programs shall be submitted and approved in advance by the DDOC Bureau of Correctional Healthcare Services.

- i) Treatment Plans: Each offender receiving mental health treatment, who remains in the DDOC for more than 72 hours, will be offered the opportunity to collaborate with the Interdisciplinary Treatment Team (ITT), including representatives from the Medical Services Vendor, the Mental Health Services Vendor, DDOC Security for the facility, DDOC treatment staff and other ancillary staff, in the development of an individualized treatment plan, and to agree to this plan in writing. Basic plans will be developed by the ITT even when offenders decline to participate.
- j) Psychiatric Nursing Services: The Medical Services Vendor's nursing staff shall provide support in delivering mental health medications to the offenders that require it. All psychiatric assessments will receive nursing support and monitoring based on training and orientation provided by the Mental Health Services Vendor.

- k) The Mental Health Services Vendor's staff shall participate in the ITT meetings with medical, security, treatment and other DDOC personnel. The Mental Health Services Vendor shall ensure their staff participate in other areas and activities that pertain to institutional programs and treatment as assigned or selected by the facility warden (or designee) and the BCHS.
- l) Offenders undergoing withdrawal from habit forming substances shall be monitored according to the clinical protocols of the Medical Services Vendor. (See DDOC policies and NCCHC standards; also see Appendix I, Substance Abuse Treatment Protocol, BCHS Policy G-08.)

**Substance Abuse Programming:**

- a) DDOC requires substance abuse treatment services for the following programs in Delaware:
  - i. Key North Program at Howard R. Young Correctional Institution in Wilmington, DE
  - ii. Key South Program at Sussex Correctional Institution in Georgetown, DE
  - iii. Key Village Program at Baylor Women Correctional Institution in New Castle, DE
  - iv. CREST North Program at the Webb Community Correctional Center in Wilmington, DE
  - v. CREST Primary at Central Violation of Probation Center in Smyrna, DE
  - vi. CREST Central Program at Morris Community Correctional Center in Dover, DE
  - vii. CREST South Program at Sussex Community Correctional Center in Georgetown, DE
  - viii. CREST North Program for Women at Hazel D. Plant Women's Treatment Facility in New Castle, DE
  - ix. 6 for 1 Program at Howard R. Young Correctional Institution in Wilmington, DE
  - x. 6 for 1 Program at Baylor Women Correctional Institution in New Castle, DE
  - xi. Young Criminal Offender Program at Howard R. Young Correctional Institution in Wilmington, DE
  - xii. Boot Camp Program at Sussex Correctional Institution in Georgetown, DE
  - xiii. Aftercare Program, for all Substance Abuse Programs (including Boot Camp) statewide
  - xiv. DUI Program, statewide

Vendors must propose services that meet the minimum requirements as specified herein. Services in excess of those required by the DDOC (or in excess of those approved under a final contract) must be in writing and approved in advance by the DDOC.

It is the intent of the DDOC that the successful Vendor provides treatment services to as many individuals as possible, within the parameters of the described scope of services, and within the total funds available for this project. Keeping the treatment beds filled is a priority for DDOC as overcrowding is an ongoing challenge in any prison environment. In conjunction with DDOC's ability to make appropriate referrals and move prisoners to the designated programs, the contract treatment Vendor is responsible for recruitment and must keep the treatment beds filled with appropriate offenders. Failure to maintain a full census at each substance abuse program site may result in a monetary penalty. Any change in number of beds provided for each program must be approved by DDOC in writing.



b) Program Description

(1) Target Population

(a) Prison Programs

On any given day within DDOC's institutions, hundreds of offenders, with 12 - 30 months left on their sentence, need the level of treatment offered by the different therapeutic community programs. The target population for Key Programs consists of offenders who have a serious history of substance abuse and substance abuse related crimes. They are individuals who typically do not gain long-term benefits from less intensive treatment programs. The programs must include co-occurring treatment for offenders that have mental health problems as well as make accommodations for offenders with serious medical conditions. It is preferred that offenders complete the Key Program prior to participation in the CREST Programs.

(b) Community Correction Programs

DDOC is committed to increasing the success of offenders who are transitioning from prisons to the community. Some offenders who are anticipated to be eligible for release in less than 180 days are provided transitional services to facilitate reentry into the community. The Vendor must coordinate the transition of offenders who complete the Key Programs to the CREST Programs in community corrections. The programs must include co-occurring treatment for offenders that have mental health problems as well as make accommodations for offenders with serious medical conditions. The Vendor must also coordinate the transition of offenders who complete the CREST Programs to the Aftercare Programs and offer re-entry program services.

(c) Aftercare including Boot Camp

DDOC believes that released offenders with strong community support and accountability systems are less likely to re-offend. Furthermore, it is expected that Aftercare will lower recidivism and make Delaware a safer place to live. Aftercare is the third and last step in Delaware's substance abuse continuum of care. Offenders who complete one of the Key programs and go on to complete a community correction program (CREST) are expected to participate in a 6 months Aftercare program. The contractor will be required to work in collaboration with probation/parole officers and other organizations as needed toward keeping released offenders away from returning to prison.

(d) Special Population Programs

6 for 1 Programs – a voluntary program based on modified therapeutic community components, with the programming running up to 45 days. The target population is detainees who have alcohol and/or drug related

charges and request the 6 for 1 Program, or are referred by the DOC. Programming is to follow a condensed version of the substance abuse treatment content, topics and curriculum identified in this document.

Young Criminal Offender Program (YCOP) – a program specifically for male adolescents from 16 to 18 years of age, who are court-ordered to the program by a judge after being adjudicated to Superior Court because of the seriousness of their charges and/or convictions. Programming takes place within a therapeutic community and focuses on the development of pro-social values, decreasing inappropriate behaviors and planning their future as well as substance abuse treatment.

Boot Camp – only court-ordered offenders may be placed in this program. Boot Camp is a 6-month, military-style program, which consists of three phases: Phase 1 focuses on military-style discipline and life skills; Phase 2 focuses on substance abuse treatment and community services; and Phase 3 focuses on improving personal and job-seeking skills that will assist the offender in successfully reentering society.

## (2) Referral Process

The Key programs will serve offenders who have been identified as candidates for the programs from many of DDOC's institutions across the state. The DDOC classification staff will refer the candidates to the Key programs based on information provided during the admission interviews and based on sentencing orders. The Vendor will also be responsible for providing substance abuse screening to all offenders referred by mental health, medical, DDOC or through self referral. Offenders will be referred to the Key programs so that their community correction eligibility coincides with their estimated program completion date. Most of the offenders who successfully complete the Key program will be rewarded for their successful program participation with opportunities to transition into community correction programs (CREST Programs).

## (3) Recruitment

Although the DDOC's classification staff will refer candidates for program participation based on their substance abuse history and/or sentencing orders, recruiting offenders to participate in Therapeutic Community ("TC") programs is the sole responsibility of the vendor. The Vendor must maintain a list of eligible candidates and coordinate with DDOC to ensure that eligible candidates are placed in the appropriate treatment program based on clinical indicators.

The Vendor must review new admissions, interview offenders, examine sentencing orders and develop a list of potential candidates for the programs. The vendor must communicate with classification and security staff to coordinate transferring offenders who meet the admission criteria into the programs.

(4) Physical Locations and Number of Beds of the TC Programs

<b>Program</b>	<b>Physical Location</b>	<b>Capacity</b>	<b>Serving</b>
Key North	Howard R. Young Correctional Institution (HRYCI), Wilmington, DE	200	Males
Key Village	Baylor Women Correctional Institution (BWCI), New Castle, DE	58	Females
Key South	Sussex Correctional Institution (SCI), Georgetown, DE	120	Males
Crest North	Webb Community Correctional Center (WCCC), Wilmington, DE	76	Males
Crest North	Hazel D. Plant Women's Treatment Facility (HDPWTF), New Castle, DE	68	Females
Crest Primary	Central Violation of Probation Center (CVOP), Smyrna, DE	200	Males
Crest Central	Morris Community Correctional Center (MCCC), Dover, DE	56	Males
Crest South	Sussex Community Correctional Center (SCCC), Georgetown, DE	90	Males & Females
6 for 1 for Men	Howard R. Young Correctional Institution (HRYCI), Wilmington, DE	80	Males
6 for 1 for Women	Baylor Women Correctional Institution (BWCI), New Castle, DE		Females
YCOP	Howard R. Young Correctional Institution (HRYCI), Wilmington, DE	40	Males
Boot Camp	Sussex Correctional Institution (SCI), Georgetown, DE	100	Males & Females
Aftercare (Including Boot Camp)	WCCC, HDPWTF, MCCC, SCCC	300	Males & Females
DUI Programming	Level TBD	50	Males
DUI Programming	Baylor Women Correctional Institution (BWCI), New Castle, DE	20	Females

(5) Collaboration between the Treatment Vendor and Security Staff

While security is the primary concern of any Delaware correctional facility, a healthy and effective treatment program enhances security. DDOC is committed to providing treatment opportunities to offenders in order to enhance their ability to live free from negative consequences of addiction. New treatment staff will receive training on basic security measures from the DDOC staff. Vendor's staff will keep the DDOC staff apprised of all treatment activities. An open line of communication between correctional and treatment staff is imperative. Security staff will be accessible to the treatment staff to discuss planning, schedules, special program events, the movement of prisoners to and out of the treatment programs, the recruitment of program participants and issues pertaining to security.

New treatment staff will receive training on basic security measures from the DDOC staff. Vendor's staff will keep the DDOC staff apprised of all treatment activities. An open line of communication between correctional and treatment staff is imperative. Security staff will be accessible to the treatment staff to discuss planning, schedules, special program events, the movement of prisoners to and out of the treatment programs, the recruitment of program participants and issues pertaining to security.

(6) Treatment Staff Description and Qualification

The Vendor must have experience working with offenders in the criminal justice system. The Vendor should have experience working with offenders in the criminal justice system in a residential treatment setting, although not all positions must be filled by individuals who have experience in a residential treatment setting.

Program directors and clinical supervisors must be Certified Alcohol and Drug Counselors (CADC). Written verification of certification must be supplied.

All substance abuse counselors who are working under the resulting contract must be skilled in the field of substance abuse, especially in the therapeutic community model and it is preferred that counselors are knowledgeable of the criminal personalities. All substance abuse counselors must be either a CADC, or a Certified Associate Addiction Counselor (CAAC) who is eligible to obtain CADC certification within 1 year. If a candidate for a substance abuse counselor position is not yet certified, the treatment Vendor must submit in writing to the DDOC Substance Abuse Treatment Administrator the justification for hiring or proposing the individual for the job. The treatment Vendor must also submit the plan and schedule, agreed upon by the proposed candidate for counselor, for obtaining at minimum CAAC certification. The timeframe to obtain certification should not exceed 1 year. Written approval must be obtained from the DDOC prior to hiring individuals without proper certification as clinical supervisors or program directors.

In addition:

- The Vendor must describe in detail how they propose to staff the treatment programs.
- Position titles and descriptions (including qualifications and experience required for each position) must be included.
- A plan for how the staff would interact, collaborate, and partner with the DDOC staff and other Vendors must also be described.
- The Vendor must describe work schedule proposed for each position. Include information such as whether any position is working weekends or evenings.
- All staff must be approved by the DDOC.

#### (7) Treatment Vendor Staffing and Work Shift

The Vendor's treatment staff will work shifts providing program coverage 7 days a week, from 7:00 AM until 8:00 PM Monday through Friday, 8:00 AM to 8:00 PM on Saturday and Sunday, if possible and appropriate (any changes must be approved in writing by the BCHS). The DDOC staff will maintain a presence 24 hours a day and will debrief with treatment staff each morning. The counselors' hours will be established by the treatment Vendor in coordination with the DDOC staff. It is required to have staggered shifts for some weekend and evening coverage. Vendors are encouraged to offer ideas in their proposals for staffing patterns and program coverage. (See Appendix D, Substance Abuse Staffing.)

#### (8) Transition Resources

The Vendor must develop a Transition Plan for each offender completing a program. Voluntary participation in the DDOC Re-Entry Program must be offered to each offender. The Vendor must be familiar with state approved and funded community substance abuse programs. The Vendor will develop referrals for safe housing, medical assistance, education, vocational training and other needs. Because transition planning is crucial to the success of the DDOC substance abuse program, the Vendor must describe its strategy in detail.

#### (9) Urinalysis Testing

Random urinalysis (UA) of program participants may be conducted at any time. DDOC is responsible for the UA component of the substance abuse treatment programs. If an offender has a dirty UA, sanctions will be imposed. It will be possible for an offender who has been discharged from the program for an infraction to earn his way back into the program. Such case management decisions will be made on a case-by-case basis by DDOC.

## c) Program Requirements

### (1) Program Phases

Offenders' length of participation in the programs will depend upon type of the program, individual treatment needs, and time left before release to the community. It should be noted that the average length of the Key Programs is twelve months, the average length of the CREST program is 6 months, and the average length of Aftercare is 6 months. The program will be structured in phases incorporating an orientation/education phase, a primary treatment phase and a transition phase. The Key Programs should consist of the following phases with the approximate time frames:

	<b>Key</b>	<b>Crest</b>
<u>Treatment Phase</u>	<u>Duration</u>	<u>Duration</u>
Phase I	90 days	60 days
Phase II	210 days	60 days
Phase III	60 days	60 days

The time frames listed above may be altered somewhat by the Vendor as long as the clinical reasons for doing so are sound. The phases listed above are basic. A Vendor may build upon the phases in describing their plan for service provisions. The Vendor should describe what objectives need to be obtained by the offender in order to progress from one phase to the next. When describing the phase system the Vendor should describe how program participants earn increased responsibilities and privileges. Also, the value of peer support for participants in progressing through the phases should be expanded upon.

Phase I provides the participant with an orientation to the Therapeutic Community TC as well as substance abuse education. It is also the staging ground for treatment. The offenders learn the TC vocabulary and concepts. Moving into Phase II is an honor, and becoming a member of the TC "family" is earned. Phase II provides the primary care which is the heart of treatment. Phase III is the transition care segment where offender prepares for moving into his home in the community or into a program within Community Correction. The Vendor works with offenders individually while they are in Phase III to assist them in preparing for life outside the institution.

### (2) Treatment Content

The substance abuse programs are to provide evidence-based, best-practice interventions and treatment components, including the following:

- Assessment;
- Individualized treatment planning;
- Individual counseling, minimum one session per month;
- Caseload Therapeutic Groups, weekly;

- Psycho-educational Classes;
- Encounter Groups, 1 to 2 times weekly;
- Urinalysis testing;
- Addiction education;
- Life-management skills;
- Trauma Informed Care;
- Co-occurring disorder consultation and treatment, including voluntary Mental Health Groups;
- Motivation Enhancement components – Positive reinforcement and Graduated sanctions;
- Relapse prevention; and
- Discharge and Transition Planning.

Any deviations from the basic treatment content provided should be presented for approval by BCHS. The Special Population Programs must also provide basic substance abuse treatment content as listed in this document.

### (3) Psycho-Educational Curriculum and Treatment Topics

- (a) Phase I education will include, but will not be limited to, the following topics. Each program site is to have specific curriculum information to include a lesson plan for each session of each treatment topic.

- Disease concept
- Substance Abuse/Dependence Education
- Pharmacology - Types of Drugs/Chemicals Abused
  - Physical and Psychological Addiction
  - Post acute withdrawal symptoms
- Denial/criminal thinking errors
- Introduction to 12-step programs

It may be appropriate for trained, senior participants of the substance abuse programs, under staff supervision, to provide education components to other offenders. If the Vendor is considering such an approach, it should be described in general terms.

- (b) Phases will include, but will not be limited to, the following treatment topics and activities:

- Cognitive skills building
  - Motivation to Change
  - Problem solving
  - Skill building
  - Errors in judgment
- Sober living skills
- Stress and Anger Management
- Interpersonal relationships with family, peers, community
- Parenting skills
- Goal setting
- Values clarification

- Criminal thinking and behaviors
- AIDS/STDs infectious diseases
- Fetal alcohol syndrome and effects
- Mental health and Co-occurring disorders
- Relapse prevention
- Recovery
  - Family dynamics
  - Cultural issues
  - Gender issues

#### (4) Co-occurring Disorders

Substance Abuse Programs are to have an integrated approach to treating offenders with co-occurring disorders by providing psychiatric treatment services to offenders in substance abuse programs. The Vendor will initiate and maintain communication between substance abuse and mental health staff, to include mental health and substance abuse diagnoses, psychotropic medications and treatment related issues or concerns. Mental Health staff will provide voluntary mental health groups for offenders with co-occurring needs. Substance abuse staff will provide psycho-educational classes on mental health concerns, co-occurring disorders, treatment and appropriate use of psychotropic medications.

#### (5) Additional Treatment Activities

Generally speaking, the substance abuse treatment participants are separated from the general offender population during daily routines. However, they may participate in other classes and work assignments within the institution as a part of their individualized treatment plans or as deemed appropriate by DDOC classification staff. In doing so they will have the opportunity to apply newly acquired treatment knowledge and recovery skills in the correctional settings. They will also have access to other necessary support services such as religious programs and mental health and medical services.

#### (6) Phase Movement

Offenders must meet several requirements to move on to the next Phase of treatment. Those requirements include, but are not limited to:

- Offenders must attend required groups and classes;
- Offenders must correctly complete all assignments listed in their Treatment Plan;
- No Learning Experiences (LE) or Sanctions within the past 2 weeks;
- Complete or adhere to any security or institutional requirements; and
- Offenders must pass a Phase exam as one requirement to move on to the next Phase of treatment; the exam can be written or oral depending on the offender's capabilities.



d) General Requirements

Vendor must include in their plan for services each of the following work requirements:

- Treatment Methodology: The treatment methodology must be approved by the State of Delaware Department of Correction, BCHS.
- Assessments: All program participants must be given a thorough clinical substance abuse assessment by a qualified member of treatment team within 72 hours of admission. If unusual circumstances dictate, the full assessment should be concluded within one week of admission. The preferred substance abuse assessment is an electronic version of the ASI; however, the Vendor may submit an alternative assessment instrument for consideration. Assessments must include bio/psycho/social information and DDOC collateral information (e.g. sentence order). The assessment instrument must be approved by the BCHS.
- Treatment Planning: A Master Treatment Plan must be completed within 7 days of admission to the Program for all program participants. A Treatment Plan Update must then be completed at a minimum every 90 days.
- Evaluation Plan Requirement: The Vendor must provide a statement explaining how the Vendor plans to evaluate the impact and implementation of the proposed services. The plan must show how information will be collected and how data will be analyzed. The evaluation plan should demonstrate:
  - The extent to which the services were successfully implemented; and
  - The success of the service in achieving effective program outcomes.
- Coordination Requirements: Vendors must describe how they propose to coordinate services with other providers (e.g. medical, mental health provider) including providers outside the DDOC system. This should include a brief description of referral mechanism, plans for training, release/sharing of offender information. Some of the following agencies might be included: community mental health centers, substance abuse programs, community shelters, probation & parole and other agencies and client groups.
- Program Alteration: During the course of the contract, the successful Vendor will work with the DDOC Substance Abuse Treatment Administrator in making any significant program alterations to the Therapeutic Community (TC). Alterations of the programs by the Vendor must be submitted in writing and pre-approved by the DDOC Substance Abuse Treatment Administrator or designee.
- Experience: All substance abuse counselors who work under any contract awarded as a result of this RFP must be expert in the substance abuse field. In addition, counselors must have knowledge in criminal behaviors.

- Clerical Assistance: Clerical assistance and support services necessary for the administration of the substance abuse treatment programs will be the responsibility of the Vendor.
- Data Requests: The Vendor will be required to provide basic data to the institutional warden or the DDOC substance abuse treatment services administrator, upon request.
- Confidentiality of Records: In view of the importance of protecting the client/therapist privilege and confidentiality of offender records, the State of Delaware requires the Vendor to abide by all state and federal statute governing offender's confidentiality.
- Testimony: The counselor, and/or the program manager may receive a court order to testify regarding an offender. This is a very rare occurrence; however, the Vendor staff would be required to provide their testimony.

e) Reporting Requirements

- Performance Measure Reporting: The DDOC will implement performance measures in conjunction with the State's performance based budgeting. The Vendor will be expected to comply with these additional simple data collecting and reporting requirement as requested by DDOC.
- Data Entry: The Vendor must utilize DACS, ERMA, and EHR as required by DDOC.
- Other Reporting: Upon request, the Vendor shall submit such other information and reports relating to its activities under this contract on such forms and at such times as may be required by the DDOC Substance Abuse Treatment Services Administrator.
- Offender Tracking System: The Vendor shall establish their own offender tracking system for follow up/aftercare services in a community residential centers and/or community agency.
- Progress Reports: Routinely provide progress reports on offenders to the DDOC staff and, upon request, special reports to the parole board.
- Treatment Compliance: The Vendor will be required to assist in the DDOC compliance with State of Delaware laws as they apply to substance abuse treatment. Specifically the contractor will be required to:
  - Provide written explanation to the DDOC or probation officer, in the case of an individual who has been denied admittance to a court ordered substance abuse program by the treatment Vendor, even though the individual meets the written eligibility criteria and has requested to enter the program.
  - Develop a written individualized treatment plan for each offender who participates in the program.

- The Vendor must maintain a master case sort of offenders by name and SBI number admitted to the program with admission and discharge dates. Case sort information must include if the offender is receiving mental health services while in the program, Phase of treatment, and results of any urine drug testing. The list also must indicate the type of discharge. Those categories are: 1) successful discharge; 2) released unexpectedly from the program by DDOC (legal); 3) removed due to medical/mental health reasons; 4) discharged for disciplinary reasons; and 5) removed for other reasons (against treatment advice) by DDOC. This information must be made available to DDOC upon request at any given time.
- For offenders enrolled in aftercare, the contractor must provide a discharge summary to the offender's probation officer within (14) days of the offender's discharge from aftercare. The discharge summary shall describe the status of the offender's discharge as one of the following:
  - Treatment completed: successful termination from aftercare;
  - Administrative discharge: due to factors beyond the offender's control, such as: removal from aftercare because of separate court order; physical incapacitation; etc.
  - Non-compliance: failure to participate successfully in treatment

The discharge summary must be placed in the DDOC offender's file. If the offender is discharged for non-compliance, a copy of the discharge summary must be provided to the offender.
- Monthly Reports: The Vendor must provide the DDOC with a monthly report. The monthly report must include but is not limited to:
  - The number of successful completions for each program
  - The number of unsuccessful completions for each program (including type of unsuccessful completion)
  - Average daily beds occupied in each program
  - The daily average of vacant beds in each program
  - The daily average of staff vacancies in each program
  - The number of grievances received from residents
  - The number of Key Program graduates who successfully completed the program and transferred to CREST
  - The number of Key program graduates who successfully completed the program but returned to general population or a different level of security
  - The number of offenders on Key, Crest, Aftercare, DUI or 6 for 1 waiting list
  - The number of Crest program graduates who successfully completed the program to be transferred to Aftercare
  - Master case sort of all offenders participating in each program that month
  - Staff credentialing log
  - Staff training log
  - Staff drug testing data
  - Other data as requested by the DDOC

- Weekly Reports: The Vendor must provide the DDOC with a weekly report. The weekly report must include but not limited to:
  - Average daily beds occupied in each program
  - The daily average of vacant beds in each program and type of vacancy, with graphing
  - The daily average of staff vacancies in each program with graphing
  - The number of offenders on Key, Crest, or Aftercare waiting list
  - Staffing Vacancies
  - Staff listing per site
  - Number of substance abuse screenings completed by mental health and case managers per site
  - Other data as requested by the DDOC

f) Continuing Education Requirement

The Vendor must assure, at no cost to the State that their program directors and clinical supervisors working under the terms of the contract meet and maintain the legal requirements for certification. Continuing education hours are not billable to the State.

g) Work Schedule

Vendors are to propose a staff work schedule detailing the number of weeks, days, and total hours anticipated annually for each position.

**Sex Offender Programming:**

The vendor will be responsible for providing a comprehensive sex offender programming at all facilities (Level 5 and Level 4) that is compliant with the State of Delaware's Sex Offender Monitoring Board (SOMB) standards (see SOMB Standards, Appendix G). At a minimum three (3) open-ended groups of 12 offenders facilitated by two clinicians for 1 ½ hours per group should be implemented at all Level 5 facilities (JTVCC, HRYCI, SCI and BWCI). The treatment process shall include but not be limited to group process, homework and/or journaling. Although treatment at Level 5 facilities shall focus on those offenders exiting the Level 5 facilities within 3 years, treatment programming may also be provided to those inmates who have less than one year or more than three years. The vendor will also be responsible for providing groups at all Level 4 work release and violation of probation facilities. Programming should include a component for pre-trial sex offender treatment for those offenders who volunteer to begin treatment prior to sentence. If at any time the Level 5 facilities do not require 3 groups those resources should be placed throughout the DDOC, where needed. Programming includes but is not limited to:

Initial evaluation which consists of:

Clinical interview

Clinical mental health status exam

Observational assessment

History or functioning

Case file/document review

Collateral information/ contact/interview

Sex offense-specific evaluation shall address the following areas:

Cognitive-Functioning

Mental Health

Medical/Psychiatric Health

Drug/Alcohol Use

Stability of Function

Development History

Sexual Evaluation

Risk using the Static-99R, Stable and Acute 2007

Motivation and Amenability to treatment

Requested written evaluations are completed within 30 days of referral and shall include the following:

- Offender demographic information

- Evaluator information

- Reason for evaluation

- Evaluation method

- Formal account of the instant sex offense

- Client's version of the instant sex offense

- Background information

- Family and social history

- Academic history

- Vocational/military history

- Sexual history

- Drug and alcohol history

- Criminal history

- Medical and psychiatric history

- Sexual functioning

Behavioral Observations

Risk Analysis

DSM-five axis diagnosis

Treatment implication

The written summary and recommendations shall include:

Level of risk for sexual and violent re-offense

Specific risk factors requiring management/intervention

Level of denial

Treatment of co-existing conditions and need for further assessment

The need for medical or pharmacological treatment

Treatment plans are to be completed within 30 days and shall consist of the following:

Who will be involved in its development

Specification of long-term and short-term goals

Mythology for monitoring goals

Obligation of the client

Obligation of the treatment staff to the client

Progress and Group Notes:

Progress notes are completed during each encounter

Group participation notes are completed after each session

All notes are filed in the DDOC mental health chart after encounter

Sex Offender treatment must be evidence based sex offense-specific treatment designed to:

Give priority to the safety of an offender's victim(s) and the safety of potential victims and the community

Reduce offenders' denial and defensiveness

Decrease and/or manage offenders' deviant sexual urges

Educate offenders about the potential for re-offending

Teach offenders self-management method to avoid re-offending

Identify and correct cognitive distortions

Identify and treat thoughts, emotions, and behaviors that facilitate sexual re-offense

Educate offenders about non-abusive, adaptive, legal, and pro-social functioning

Educate offenders about the impact of sexual offending upon victims, their families, and the community

Identify and treat the effects of trauma as factors in potential re-offending

The Vendor will provide evidence-based and SOMB approved risk assessment. As research evolves, the vendor will be responsible for implementing the prevailing risk assessment tools.

The Vendor will retain counselors that meet SOMB qualifications and certified to conduct an ABEL assessment

The Vendor will adhere to SOMB standards regarding that include a sex offense risk assessment tool, at least one cognitive distortion scale, and a scale that addresses motivation and amenability to treatments (see SOMB Standards, Appendix G).

The DDOC will identify all offenders who have been classified, court ordered, and mandated for sex offender evaluation/treatment. The vendor will be responsible for providing such services in a timely manner. Information sharing is essential to effective sex offender treatment. The vendor will use a waiver of confidentiality for the multi-disciplinary team.

#### **Driving a Vehicle While Under the Influence (DUI) Court Ordered Programming:**

The vendor will be responsible for providing programming based on House Bill 168 for individuals incarcerated for DUI. Programming shall include intensive treatment, group processes, and drug and alcohol programming. The initial start-up programming will be at Sussex Correctional Institute (SCI) and Baylor Women's Correctional Institution (BWCI). (See Appendix F for additional information on DUI Programming Requirements.)

- a) Psychiatric Close Observation (PCO): The Mental Health Services Vendor staff shall be responsible for conducting all PCO watches and conducting daily assessments for those offenders that the psychiatrist has placed under a PCO status. The Vendor must follow DDOC policies as they relate to psychiatric observation and watch. (See Policy G-05, Appendix H.)
- b) Segregation Correctional staff will inform Mental Health and Medical Services Vendor's staff when an offender is placed in segregation. The offender's medical record will be reviewed prior to or within one (1) hour of notification of placement in segregation for medical, dental or mental health conditions by Medical Services Vendor staff. Those offenders found to have conditions which would be contradictory to confinement or would require special accommodations will be identified by a medical provider. Offenders with mental illness concerns will be referred to an appropriate mental health provider for evaluation. The Medical

Services and Mental Health Services Vendor will follow DDOC policy E-09, Segregated Offenders, and NCCHC/ACA standards. All offenders being transferred to segregation will have a mental health and medical evaluation prior to transfer or within one (1) hour of transfer. All inmates identified as a mental health client are to be rounded on three times per week by a licensed mental health professional. All other inmates are to be rounded on once a week by a licensed mental health professional.

- c) Confidentiality/Exchange of Information: The Vendor will ensure that offender health information is handled in accordance with procedures established by Federal and State confidentiality of health information laws and regulations. Vendor's clinical staff shall readily have access to health records produced, or in the possession of, the Medical Services Vendor on behalf of DDOC.
- d) Technical Assistance and Training (if applicable): The Mental Health Services Vendor shall provide suicide prevention training for DDOC staff, managing special mental health populations training for DDOC staff as appropriate including biennial updates. Vendor shall submit mental health training curricula to the Bureau Chief for review and approval at least 30 days in advance of intended training.
- e) Resolution of Disputes Resolution of disputes shall be a cooperative effort. The Vendor's Mental Health Administrator shall be the lead for daily problem resolution. The DDOC Mental Health Treatment Administrator, BCHS shall lead the State's problem solving efforts and shall include any of the Mental Health Services Vendor's staff, other Vendor staff, or DDOC staff as is needed to facilitate problem resolution. It is expected that problems will be quickly resolved as a matter of administrative efficiency and responsiveness. Administrative responsiveness is an important criteria for evaluation considered at contract extension.
- f) Medical Peer Review and Continuous Quality Improvement Medical peer review shall be conducted quarterly and shall be defined by the Bureau Chief. Vendor's mental health staff shall participate in the peer review process and discuss findings with facility managers. Vendor's Clinical Administrator shall work cooperatively with the DDOC, and any other DDOC Vendors, to establish and maintain a viable Continuous Quality Improvement System (CQIS). Please see 24 Del. C. § 1768 regarding the State of Delaware's statutory peer review privilege.
- g) Performance Measurement Mental Health programs shall reflect generally accepted professional standards. The Mental Health Services Vendor's Mental Health Administrator and staff working within each facility shall be responsible for keeping and reporting data necessary for evaluating all programs/services provided. Measurable outcome criteria shall be established that serves as key indicators that mental health generally accepted professional standards are



established and maintained. Vendor's Mental Health Administrator shall work cooperatively with the Bureau Chief and the and any other DDOC Vendors to identify and implement mental health generally accepted professional standards that are appropriate to address offender mental health issues consistent with applicable DDOC policies and NCCHC/ACA standards. Statistics indicating that programs/services are meeting the measurable outcome criteria shall be produced by the Vendor on a monthly basis in a form and format that meets DDOC requirements.

- i) Reports: The Vendor shall provide an internet secure web-based integrated reporting system for DDOC use that provides up-to-date data (previous day's orders must be viewable) on all pharmaceuticals ordered for DDOC utilization management. This system shall provide for reporting by dates(s), cost, facility, prescriber, offender, drug or drug category utilization or any combination thereof, as well as those prescriptions needing to be refilled. In addition, monthly reporting of drug returns, and prescription errors shall be provided.
  - ii) Collaboration: The Vendor shall work collaboratively with the Medical Services Vendors in the collecting and reporting of data and in the development of indicators to be measured and standard reports for management and administrative purposes. These will include, but not be limited to, reports monitoring provider prescription practices against the DDOC formulary, established in conjunction with the Vendor, and any reports necessary for cost audit purposes. The Vendor shall provide the DDOC Director, Health Services upon request specific report detailing medical information within one business day.
- h) NCCHC/ACA Accreditation: The Vendor is required to obtain and/or maintain NCCHC and ACA accreditation for each and every current and future facility in whole and as to each part in the DDOC. DDOC intends to include specific liquidated damages in the contract between DDOC and the Vendor for any failure to attain and/or maintain such certifications and/or accreditations. The beginning and ending dates of the penalty will be governed by any written communication from the NCCHC/ACA. Any date within any calendar month will serve as the beginning and ending dates and each inclusive month, (first, intermediate, and last) of non-accreditation will be assessed the penalty. Any assessed liquidated damages will bear the appropriate legal relationship to the actual harm caused DDOC. Liquidated damages shall not be the exclusive remedy for failure to achieve and/or maintain accreditation.
- i) Case Management of Delaware Psychiatric Center (DPC) Offenders
    - Offender status shall be monitored daily and reports for offenders in individual facilities shall be shared with primary care provider, facility manager

responsible for on-site continuity of care and DDOC staff designated by the DDOC Bureau Chief;

- A daily physician to physician report on all hospitalized offenders shall be provided to BCHS Medical Director as outlined;
  - Statewide system summary information is sent to the Bureau Chief and DDOC Medical Director daily;
  - Connection is made and kept with the hospital's utilization managers/discharge planners such that discharges can be arranged as soon as possible;
  - Discharge summary information including offender instructions are obtained at discharge and shared with the offender's facility health care staff such that appropriate care can be continued on-site; and
  - Coordination and cooperation with the Utilization Review Services Vendor.
- j) Pricing and Payment (See also Appendix C): Vendor pricing shall be as follows:
- Total pricing shall include base cost (actual acquisition cost) of type of service to be provided plus management fee per offender per month. Separate proposals offering other pricing options of makeup percentages (%) or service fee per offender or service may also be offered.
  - Management fee per offender per month: Management fee will include the cost of the entire program e.g. equipment, overhead, distribution, labor, taxes. (All proposals must include this option).
  - Mark-up percentage (%): Vendor, at its discretion, may present a sliding percentage based upon total annual net service expense.
  - Service Fee per offender: Service fee will include the cost of the entire program e.g. equipment, overhead, distribution, labor, taxes. Other costs may be proposed separate from the actual procurement of product and ongoing service of the contract (i.e. one-time start-up costs).
  - Vendor's price adjustments will be restricted to the base cost of the service provided. Price adjustments, if requested, will be supported by appropriate documentation. Price adjustments will not include the mark-up percentage for service fee or increase of management fee per offender unless originally specified as an annual escalator in a multi-year proposal.
  - Any rebates or discounts will not be shared, but must be identified as part of the pricing structure.

- Vendor agrees to provide, as requested by DDOC, copies of actual invoices from any Vendor's providers or suppliers.
- Vendor shall detail all on-going training, systems/equipment maintenance or other costs associated with this contract.
- Alternative cost proposals may be offered in addition to the form and format required. However, the Vendor must support any alternative pricing mechanism with data and narrative supporting that the alternative mechanism as more advantageous to the State than the required pricing structure.

### **Summary of Service Provision Time Requirements**

To meet NCCHC/ACA Standards and DDOC Policy, the following services are a non-exhaustive sample of critical elements that must be provided within the respective time requirements:

- Mental Health Assessment with the initial intake screening, and referred immediately if identified during intake or as necessary, within 24 hours of intake;
- Referrals (emergent) are evaluated within 24 hours of referral and (non-emergent) are evaluated within seven (7) days;
- Routine mental health visits are attended to every 30 days;
- Treatment plans are completed within 30 days of being identified as a mental health client and revised every 6 months or every 3 months if identified as structured care inmate;
- All mental health contacts are entered into the DACS mental health module;
- Pre-parole and other requested Mental Health Evaluations to be performed by the Mental Health Services Vendor to be completed by date specified on request;
- Sick Call 5 days per week for all facilities for non-urgent and/or non-emergent care and Sick Call triage 7 days per week for all facilities with urgent or emergent care available 7 days per week;
- 24/7 infirmary care every day at all facilities with infirmary operations;
- 24 hour emergency care every day at all facilities (on-site or off-site);
- Initial assessment within 24 hours of placement in segregation; and
- Segregation rounds completed three times per week.

Services provided will include but are not limited to the following:

- Mental Health Evaluation and Treatment Services
- Emergent and Non-emergent Sick Call
- Suicide Prevention
- Psychiatric Close Observation
- Boot Camp Evaluations

- Mental Health Education
- Discharge Planning
- Medical/Mental Health Meetings and Reviews
- Sex Offender Treatment
- Substance Abuse Treatment
- DUI Programming
- Parole Evaluations
- Mental Health Records Management
- Acute Care Mental Health
- Mental Health Audits and Review
- Health Care Orientation and On-going Training
- Mental Health Training for DDOC Staff
- Grievance Administration
- Compliance & Quality Improvement
- Credentialing of Staff
- Equipment & Supplies
- Staffing to meet the mental health treatment needs outlines in this RFP (staffing recommendation is outlines in Appendix E)
- Etc. as outlined in the RFP

### **C. STANDARDS:**

DDOC recognizes that standards of care are dynamic, constantly evolving, and not readily defined by a single authority. Therefore, for the purposes of this RFP, the currently accepted standards of care are defined by the multiple sources in the following list. The Vendor providing on-site mental health services shall assure that a mental health staff member at each site shall serve as the site mental health director and shall make decisions based on the Vendor's clinical protocols established by the Vendor consistent with these standards and accepted by the DDOC during the course of contracting for services under this RFP. If a Vendor uses standards different from those in the following list, they must be highlighted in the Vendor's response along with the reasons for using the standards. In addition, they must be approved by the Bureau Chief prior to use by the Vendor. The Bureau Chief must approve any change in the use of standards during the course of the contract resulting from this solicitation.

DDOC also recognizes that all clinical situations may not be covered in existing standards, and, in such cases, the proper course of action must be determined in conjunction with the DDOC, BCHS.

This list of professional regulations and guidelines is intended to be indicative of the generally accepted professional standard of care and, therefore, is not all-inclusive:

- DDOC Health Care Policies;
- NCCHC/ACA Standards;
- American Correctional Association (ACA) Standards;
- DSM IV (V as it becomes available);
- Vendor Policies, Procedures, Guidelines and Protocols accepted by DDOC;
- Centers for Disease Control Protocols and Guidelines as determined applicable by the DDOC;
- Federal OSHA Guidelines;
- US Public Health Service Task Force on Preventive Guidelines; and
- Other DDOC recognized authorities such as the Federal Bureau of Prisons, American Diabetes Association, American Medical Association, the National Commission on Correctional Health Care, American Correctional Association, and other nationally recognized professional health care organizations.

#### 1. Provisions of a Constitutional System for Offender Health Care

The Vendor must reflect in their response how their proposed service, which is one or more than one component of a constitutional system of health care delivery, will serve to reinforce the other Vendors' services, as described below:

##### **Communications of Sick Call System**

A Sick Call System must be provided for all offenders allowing for direct communication of health care concerns between the offender and health care personnel without the opportunity for adverse security intervention.

It must be a professional mental health evaluation, including properly credentialed and trained health professionals, provided for triaging offenders' requests, and for attending to the serious mental health needs of offenders.

Offenders in segregation have a great need for Sick Call and must be seen every day and their needs must be assessed by a qualified health professional.

The vendor must use DACS Sick Call tracking and appointment system. In addition the DDOC is implementing the Electronic Medication Administration Record (EMAR) and the Electronic Health Record (EHR). The vendor will be

responsible for entering all mental health documentation into the appropriate system.

2. Personnel (See Appendix C, Pricing, for additional important information on Staffing.)

The system must have adequate staffing not only by plan, but in reality;

Adequate staffing must be supported by adequate resources necessary to deliver the care; and

All institutions must have dedicated on-site staff.

3. Contracting Out

The use of independent contractors does not relieve the Vendor of the legal responsibility to provide timely care to meet the serious medical needs of the offenders.

A key to constitutional care for offenders provided by Vendors, in addition to establishing processes that meet NCCHC, ACA and other generally accepted professional standards, is the staffing of the mental health care delivery system with sufficient and qualified management and Vendor personnel.

4. Healthcare Records

The Vendor will be responsible for maintaining the DDOC unified medical and mental health record established per DDOC policy H-01, Health Record Format & Contents.

At a minimum, records must be kept separately for each offender and include a medical history and problem list; notations of offender complaints; treatment progress notes; laboratory, x-ray and specialists' findings, etc.

Proper records keeping not only promote continuity of care and protect the health and safety of the offender population but also provide correctional administrators with evidence of the course of treatment when individual offenders sue them asserting that care was not provided.

The Vendor must provide appropriate medical record staff for management of mental health and substance abuse portion of the charts.

The Vendor must coordinate with the potential EHR Vendor to assure conversion and maintenance of the paper record to an electronic record.

5. Outside Care

Offenders requiring a specialist evaluation, a sophisticated diagnostic test, or offender care that is not available in the DDOC facility, must be provided timely

access to these services in the community; therefore, a system must be in place to schedule and facilitate off-site appointments for needed care that is coordinated through the facilities security transportation staff.

The use of Telemedicine or on-site specialty care rather than off-site care must be developed through purchase and maintenance of equipment.

The Vendor's staff must use the DACS consult tracking.

The Vendor will make all reasonable efforts to provide services at the facilities so as to minimize the inherent risk to the public related to the movement of offenders outside of the correctional environment.

#### 6. Facilities and Resources

Vendor must ensure that the space and supplies be adequately maintained to meet the health care needs of the institutional population. Dangerous or unsanitary physical equipment can lead to violations of the Constitution. Vendor(s) are responsible for equipment under \$500.00.

#### 7. Quality Improvement, Accreditation, and Compliance with Standards

Quality Improvement is a process of ongoing monitoring and evaluation to assess the adequacy and appropriateness of the care provided and to institute corrective action as needed.

The Vendor under this solicitation is required to have its own Continuous Quality Improvement System (CQIS) to assure the adequacy and appropriateness of care provided, and for reporting on this monthly to the DDOC according to DDOC policy.

The Vendor shall provide a written CQIS plan which assures that offenders receive medically necessary care with quality equivalent to that provided in the generally accepted professional standards across all areas of service provided under this contract. This must be done while accommodating security concerns. The Vendor must work closely with the DDOC to assure that health care and security needs are met for all levels of offenders at all times.

The Vendor's CQIS shall include such audits, narrative reports and executive summaries necessary to identify and remedy any quality issues identified in the Vendor's operations and consistent with those required by the DDOC.

Reports of activity from the monthly meetings distributed on CQIS affecting services provided pursuant to this contract must be provided to the DDOC Chief, Bureau of Correctional Healthcare Services (BCHS) or designee (collectively herein "Bureau Chief") on a monthly basis. Any reports provided under contractual obligation will remain confidential unless otherwise authorized by

BCHS, however, all documents related to offender care and quality improvement activities must remain available to the DDOC at all times.

All reports, data compilations, and other information submissions required by the contract shall be certified by the Vendor's appropriate supervisory employee.

The Vendor will provide Quality Assurance, QA Metrics for BCHS monitoring of the healthcare system as stipulated by BCHS. The QA Metrics will include clinical, fiscal, operational, and other data to facilitate comprehensive monitoring of the healthcare system. Examples of the QA Metrics that will be required will be found in the QA Metrics Appendix B. The vendor should be aware that a failure to meet the standards set forth in the QA matrix may result in a financial penalty or other off-set. This document is organic in nature and is subject to change at the discretion of the DDOC and the vendor is responsible to meet compliance at all times.

Clinical staff will participate in the peer review program administered by BCHS. Vendors will participate in ensuring that clinical staff move forward on any corrective action plan developed to correct deficiencies identified by the peer review process, random or scheduled audits or other processes. Medical Providers will receive privileges to practice in the DDOC healthcare system based on credentialing and maintenance of performance as judged by the peer review system. Providers may have privileges revoked at any time due to failure to correct performance deficiencies identified through peer review or other means or because of egregious breaches of conduct or clinical performance as judged by BCHS.

#### 8. Special Accommodation Population

The DDOC has many offenders who have special health care needs. Mental Health services must adjust to provide services identified in the individualized treatment care plans. Each Vendor providing clinical staff shall require them to provide Case Management services to assure that there is no discontinuity in their care and to assure that the plan of care is designed to produce the most positive outcomes. The following groups must be case managed in order to accommodate their special needs.

#### 9. Disabled Offenders

The Vendor must have a system for identifying and providing accommodations to disabled offenders. Offenders who cannot walk may be entitled to wheelchairs or necessary prostheses and/or braces. Offenders with impaired hearing or vision may be entitled to accommodations. In addition, the system must be designed to reevaluate those offenders whose accommodations are for conditions that are time-limited. The Vendor must be able to assist in the provision of reasonable accommodations to disabled offenders.



Protections afforded disabled people were expanded by Congress in the Americans with Disabilities Act, 42 U.S.C. Section 12101, et seq. (the ADA). The Vendor must have a system that identifies offenders with disabilities, tracks them during their incarceration and periodically reviews them to either provide them with the accommodations they need, or refer them to facility staff when accommodations may be outside of the realm of the health services Vendor.

#### 10. Elderly Offenders

The elderly require special attention, including age and gender specific screening according to national guidelines, but also to address needs more frequently found in this population such as more frequent exacerbations of chronic illness and multiple chronic illnesses, vision problems, hearing problems and mobility problems. The Vendor must have a plan for elderly offenders.

#### 11. Mental Health and Veterans Court

The Mental Health Vendor will be responsible for working with specialized court dockets such as the Mental Health and Veterans Court to provide continuity of care. Appropriate communication and timely response will be required with regards to mental health diagnosis, medication, programming and discharge planning. The mental health vendor will identify contact staff at each facility to assure timely response.

#### 12. Mentally Ill Offenders

Offenders who have an active mental illness and, especially, offenders who have had an exacerbation of their mental illness, are newly diagnosed, unstable on medication or difficult to treat, or whose status has otherwise de-compensated such that a more intense level of care is required, must be actively treated and closely monitored. This includes offenders placed on suicide precautions and offenders who have made suicide attempts. The Vendor must also identify those with serious mental illness using DACS.

#### 13. Offenders in a Diagnostic or Therapeutic “Pipeline”

Offenders who are pending appointments for diagnostic or therapeutic treatment or who are in the course of critical treatment should be Case Managed to assure that all appointments both inside the institution and off-site do not run into barriers. The Vendor is expected to have a system for accomplishing this task.

Case Management reports must be provided to the Bureau Chief on a monthly basis.

#### 14. Special Needs Population

Special Needs offenders will be defined as those offenders with complicated medical issues that are exacerbated by mental health issues (or co-occurring

disease) or those offenders with complicated mental health pictures that lead to or have the potential to lead to medical involvement (multiple PCO admissions, cutting or other self injurious behaviors, etc.)

The Vendor will participate in multidisciplinary team meetings to discuss treatment and management of these offenders. These team meetings will identify objective and measurable entry criteria for enrollment on the special needs roster and will identify objective measures of treatment progress and will identify exit criteria based on accomplishment of progress along the treatment plan.

#### 15. Emergency Services and Maintenance of Automatic Electronic Defibrillators

The Vendor is responsible for assuring adequate response to medical/mental health emergencies consistent with NCCHC and ACA Standards and DDOC policy.

#### 16. Suicide Prevention

The Vendor will assure the DDOC BCHS suicide prevention procedures are followed by all health care staff. The Vendor's suicide prevention policy, procedures, and practices shall be consistent with DDOC Policy G-05, Suicide Prevention, Policies and Procedures. The Vendor awarded the contract for mental health services shall provide assessment, daily visits, daily progress notes, observation, evaluations, monitoring, treatment plans, and all mental health related training, to include suicide prevention, in accordance with DDOC policy. The Vendor will be responsible for Psychiatric Close Observation (PCO) at all facilities. (See Suicide Prevention Policy G-05, Appendix H.)

#### 17. Research

No research projects involving offenders (other than projects requiring limited information from records compiled in the ordinary delivery of services) will be conducted without the prior written consent of the Commissioner of Correction. The conditions under which the research will be conducted will be governed by written guidelines approved by the DDOC. In every case, the written informed consent of each offender who is a subject of the research project will be obtained prior to the offender's participation. All Federal and State regulations applicable to such research will be fully and strictly followed, including but not limited to HIPPA regulations. Research must be approved by a Human Subjects Review Board approved by the Bureau Chief.

#### 18. Drug Free Workplace

The Vendor is to have a drug-free work place with sufficient policies to comply with Federal and State regulations and DDOC policies. The Vendor will be required to maintain and develop a urine analysis program for all employees,

comparable to the DDOC's random urine analysis program. The DDOC reserves the right to review urine analysis procedures and results. The Vendor agrees to comply with any current or future drug detection initiative that the DDOC may implement applicable to vendor employees, visitors and consultants.

#### 19. Vendor Employee Orientation

The Vendor will describe in detail the personnel orientation program and provide copies of the outlines or manuals in the appendix of its proposal. The Vendor will be responsible for ensuring that all new personnel are properly cleared for entry into the facility and provided with orientation and appropriate training regarding medical practices and security. Orientation regarding other institutional operations will be the responsibility of the DDOC. The Vendor will ensure that all newly hired, full-time health care personnel receive 40 hours of pre-service training and orienting within the first 30 days of employment. Orientation refers to that training necessary to ensure the employee's ability to perform the tasks associated with his/her position and to familiarizing the employee with the specific institution(s) he/she is assigned to and the Vendor's responsibilities, policies, and procedures at that (those) institution(s).

At a minimum, Vendor employee orientation will address DDOC security, DDOC code of ethics, code of conduct, drug free workplace, blood borne pathogen policies, and Vendor policies and procedures.

Vendor employee orientation will include a security orientation with DDOC staff. The Vendor will require all personnel to attend security orientation refresher training when the DDOC offers it. This training may include DDOC-wide policies and procedures and be tailored to meet the conditions of each institution.

Vendor will assure that each new employee receives the required suicide prevention training and a follow-up training after one year of employment. This training is approved by the DDOC.

The Vendor will provide written documentation of orientation completion to the DDOC within 30 days of completion. Vendor employees will not be issued a DDOC clearance and identification card until orientation is completed.

The Vendor will maintain and submit to the BCHS and site Warden, a comprehensive list of Vendor and DDOC personnel trained, the subject of each training, dates, and status of required retraining/updating.

The Vendor will ensure employees are trained (orientation and annual update training) on DDOC policies, site protocols, and site procedures; including risk management policies. The Vendor will maintain records of orientation and update training (including, signed documentation from employees that they have received orientation or update training on policies, protocols, procedures, and risk management). DDOC CQI Matrix can be found in Appendix B.

## 20. Medical Auditing Committee (MAC) Meetings

Medical Auditing Committee (MAC) meetings will be held at least monthly with all Vendors, Wardens (or designated representative) of each institution and the BCHS, as required by the NCCHC/ACA Standards. The meetings are intended to provide organized and consistent communication between site administrative staff and medical personnel on issues and/or concerns. A separate meeting will be held for each Level 5 facility and Level 4 facility. For this purpose, the James T. Vaughn Correctional Center, and Central Violation of Probation Center are considered to be in Kent County.

The Vendor is responsible for coordinating with the Medical Vendor to provide information for the schedule and agenda with the site and the BCHS. It is expected that upper level state management staff attend the MAC Meetings at each site.

## 21. Inspections

As required by the DDOC, NCCHC, and ACA Standards, and the Delaware Division of Public Health, the Vendor is to conduct safety and sanitary inspections. The Vendor's managers are to conduct formal inspections of all areas at least monthly, with follow-up inspections to assure corrective action has been taken. Written reports are required, with copies sent to the site's Warden's Office. A record of these findings is to be included as an agenda item at the monthly Medical Auditing Committee (MAC) Meeting.

## 22. Disaster Plan

The Vendor will provide a site specific disaster plan, to the BCHS and each site's Warden and/or designee, within 30 days from starting work. The plan will be coordinated with the institutions' and facilities' security plan and incorporated into the overall emergency plan and made known to all personnel. The plan must account for extraordinary demands upon staff such as the possible recall of staff, safety, and security of offender and staff areas, use of emergency equipment and supplies, establishment of triage areas and procedures, evacuation procedures, and stocking of emergency supplies and equipment. Review of the health aspects of the disaster plan must be part of the initial orientation of new personnel at that site. The mock drill of the plan will be conducted annually by the Vendor in coordination with the DDOC according to NCCHC and ACA standards and in coordination with the institution/facilities.

## 23. Tele-Psychiatry Expansion

The DDOC sees advantage in the implementation of a tele-psychiatry system for certain applications to provide faster access to care at remote sites and to reduce the number of off-site visits that generate substantial security costs and pose some risk to the community. Any Vendor who wishes to include a base station

and remote stations as part of their plan for offender care should provide a complete written plan including the physical plant specifications required, and the equipment the Vendor will purchase to implement the system. In advance of implementation the DDOC BCHS, in conjunction with the Department of Technology and Information, must approve any proposed tele-psychiatry program. It is intended that tele-psychiatry be used appropriately so that it does not negatively affect the quality of care provided to the offender. The Vendor must be specific on the plans, protocols, and specialty services intended to be included in the plan. The Vendor shall report monthly to BCHS on the status on the tele-psychiatry programs.

The Vendor is encouraged to include a severable proposal for enhanced statewide Tele-psychiatry capability and usage which meets generally acceptable professional standards for the delivery of mental health care services. Such proposal shall include locations and areas in which Tele-psychiatry may be appropriately utilized, the anticipated usage of such technology, the necessary hardware and software to implement such a system, and a proposed timeframe for completion of all work necessary to fully implement the proposed system. The proposal must be consistent with Department of Technology and Information requirements.

#### 24. DACS Data Entry Mandatory

DACS is a web-based offender management system that uses Oracle Database® and Oracle® tools to store and retrieve data. Use of the DACS medical module and all the components therein is a material requirement of any health care services contract. This includes mandated data entry related to intake, transfer, scheduling, chronic care, specialty consult, Sick Call and mental health appointments, and any subsequent additions to the medical module. Initial training on the system will be provided by DDOC staff. Follow up training to be provided by the Vendor.

#### 25. State/DDOC Ownership of All Documentation

All documents, charts, data, studies, surveys, drawings, maps, models, photographs and reports or other material, in paper, electronic or other format, are the property of the State of Delaware and remain as such at the end of the contract, no matter the reason for the contract termination. Further, DDOC shall have immediate access to all records on demand.

#### 26. Maintenance of Records

The Vendor is responsible for maintaining the offender records to be in compliance with all federal and state laws, policies and regulations including but not limited to 11 Del. C. §4322.

## 27. Offender Insurance

The Vendor will seek and obtain payments and reimbursement from third party insurers for those offenders who are covered by health insurance including Medicaid.

The Vendor shall gather the information needed to process claims and retain such information for auditing and inspection by DDOC. The Vendor will credit the DDOC 100% of Medicaid costs. These credits will be included with the Vendor's basic medical monthly services invoice/credits and will be clearly noted. The Vendor is invited to propose alternative methods, subject to the approval of the Department, for retrieving and accounting for insurance re-imbursements provided to cover offender healthcare services.

## 28. Transition Plan Between Existing and New Vendor

The Vendor must develop a transition plan which details how the Vendor will transition from the current service delivery system to its operation. The transition plan will address an orderly and efficient start-up.

A detailed plan must be submitted with the each proposal that addresses, at a minimum, how the following issues will be handled during the transition:

- Recruitment of current and new staff;
- Subcontractors and specialists;
- Identification and assuming current mental health care cases;
- Equipment and inventory;
- Mental health record management;
- Orientation of new staff; and
- Coordination of transition.

The Vendor must outline timetables and personnel that will be assigned to supervise and monitor the transition, and detailed plans, including offender medical file transfer, for the transition from the DDOC's system to your system on an institution-by-institution basis which will include timetables for completion.

If the Vendor is going to integrate the current Vendor's employees and/or subcontractors, the Vendor must specify how it intends to integrate them.

The Vendor's plan must outline how it intends to transfer offender medical files. Contracts may be involuntarily extended, not more than 180 days, to provide these services.

The Vendor's plan must also summarize problems anticipated during the course of transferring the contract to a new vendor at the end of the Vendor's term,

including any proposed solutions. The Vendor must provide resumes for the management staff expected to be hired by the Vendor at both Regional and Institutional levels.

The Vendor must provide credentials for all medical providers as determined by BCHS. The Vendor will provide a similar transition plan at the end of a contractual period for transition to a new contract or a new Vendor.

#### 29. Detailed Requirements

The Vendor must describe how their system of care delivery will accomplish each of the requirements contained in this RFP citing the NCCHC and ACA standard or relevant DDOC Policy (<http://doc.delaware.gov>) relating to each. The Vendor must indicate how the system meets the standard(s) and how it provides for efficient and effective offender care in each of the requirements of the RFP.

#### 30. Multidisciplinary Offender Healthcare Conferences

The medical providers of the Vendor providing medical services shall lead multidisciplinary conferences on Case Managed Special Needs Offenders as necessary to coordinate medical, dental, nursing, and mental health care (or any combination of these services) are required to ensure timely and appropriate care for these offenders.

#### 31. Boot Camp Clearances/Other Clearances

The Vendor shall ensure that mental health clearances for Boot Camp requested by the DDOC are provided within 5 days of the request for clearance. The Vendor shall be responsible for any clearances requested by the DDOC and they must be provided within the requested time period.

#### 32. Security

Security/privileged information pertaining to the DDOC, institutional security, offender health care, or Vendor will only be released on a need-to-know basis after appropriate DDOC authorization or pursuant to law.

The Vendor will be responsible for ensuring that its personnel, including subcontractors, adhere to the DDOC's security and clearance procedures. Any Vendor personnel accessing DDOC and/or State information systems must adhere to all clearance procedures. Violations of information system clearance procedures may be subject to criminal or civil penalties.

The Vendor and its personnel will be subject to and will comply with all DDOC and institution security operating policies and procedures. Violations may result in the employee being denied access to the institution. In this event, the Vendor will provide alternate personnel (subject to DDOC approval) to supply uninterrupted services.

### 33. NCCHC and ACA Accreditation

The Vendor is required to obtain and/or maintain NCCHC and ACA accreditation for each and every current and future site in whole and as to each part in the DDOC. DDOC intends to include specific liquidated damages in the contract between DDOC and the Vendor for any failure to attain and/or maintain such certifications and/or accreditations. The beginning and ending dates of the penalty will be governed by any written communication from NCCHC or ACA. Any date within any calendar month will serve as the beginning and ending dates and each inclusive month, (first, intermediate, and last) of non-accreditation will be assessed the penalty. Any assessed liquidated damages will bear the appropriate legal relationship to the actual harm caused DDOC. Any liquidated damages shall not be the exclusive remedy for failure to achieve and/or maintain accreditation.

### 34. Offender Sick Call

The Vendor shall perform Sick Call at all facilities consistent with DDOC policy E-07, Non-Emergent Healthcare Requests Sick Call and NCCHC Prison or Jail Standards as appropriate. Sick Call must be available for all offenders on weekdays, weekends, and holidays. All Sick Calls must be appropriately attended to by a licensed clinician, licensed psychologist, Nurse Practitioner (NP) or by the psychiatrist regardless of housing location. Sick Call Triage must be performed 7 days per week with urgent and/or emergent care available 7 days per week.

If an offender's custody status precludes attendance at Sick Call, arrangements shall be made to provide Sick Call services at the place of the offender's confinement (i.e. offenders housed in administrative segregation units and other restricted housing units).

The DDOC is committed to providing custody support to ensure timely and confidential face-to-face access to offenders for the actual Sick Call encounter. Mental Health staff accompanied by custody will make rounds three times per week to all offenders in restricted housing. Additionally, as necessary, offenders will be brought out of these areas to clinical areas for proper evaluation and assessment. Prior to removal of offenders from closed custody to clinical settings for routine care, special permission and arrangements must be sought from the DDOC Security staff at the site as practicable.

### 35. Daily Triage of Offender Care

The Vendor shall establish appropriate triage mechanisms to be utilized for daily offender care. The Vendor shall assure that each facility has procedures in place that enable all offenders (including those in segregation and/or closed custody



units) to submit requests for mental health services daily including weekends and holidays.

Offender health service request forms shall be deposited in locked boxes at a designated location at each facility. The Vendor shall collect them daily. Site-based procedure will determine the collection time and staff.

Offender health service request forms shall be reviewed, signed, and time and date stamped and entered into the DACS system.

All mental health request forms shall be triaged within 24 hours of the form being collected. Referrals for appropriate treatment will be made at that time and entered into the DACS module. All medication matters shall be seen by the appropriate health care provider.

All requests for mental health Sick Call shall be referred to the facility mental health department and shall be triaged by a mental health professional within 24 hours. If the request is of an emergent nature, and if the mental health staff is not on duty at the time of receipt of the urgent or emergent request, the on-call psychologist or psychiatrist will be contacted regarding the specific offender of concern. If the on-call psychiatrist provides physician orders, the triage nurse shall comply with any orders issued.

All documentation of the triage, examination and subsequent treatment will be entered into DACS and printed documents should be placed in the offender medical record.

### 36. Discharge Planning

Discharge planning is a priority for the DDOC and is to be conducted pursuant to DDOC policy. It is critical that the Vendor take every reasonable effort to ensure that offenders are connected to community-based services and have a sufficient supply of medication upon discharge. The Vendor shall ensure that a psychiatrist reviews all psychiatric medications prior to discharge. Within 30 days of release, if known, the Vendor is required to provide a thorough discharge plan including referral information and linkages to community providers for all offenders identified as special needs and mentally ill. The discharge plan with date, place, time and location of scheduled appointments is to be provided to the offender prior to discharge and a copy placed in the offender medical file. Linkage at discharge with community mental health and public health providers is particularly important. Linkages refer to the Vendor contacting community providers and scheduling an appointment for the offender. At a minimum, discharge planning must include, as applicable:

- Discussion with the offender about discharge;
- Medicaid/Medicare eligibility determination and application submission/coverage;
- Obtaining of social security number, as required for access to coverage above;
- Linkage referrals to community services; and
- Prescription medication supply.

For all offenders with medical needs, the Vendor is required to provide and discuss a written discharge plan. The discharge plan will address each medical need. Referrals to community-based providers will be made. To the extent possible, the Vendor will schedule appointments for the offender. At a minimum, contact information for providers in the community will be given to the offender. Where applicable, the Vendor will assist the offender in completing Medicaid/Medicare applications. Also, for offenders incarcerated for 14 days or more and where applicable, the Vendor will provide a medication supply sufficient to ensure no gap in medications until the offender is able to access medication in the community.

Of greatest concern are offenders with chronic illnesses, serious mental illness, and/or HIV/AIDS as well as women who have delivered children while incarcerated or are pregnant. In these cases, the Vendor is expected to develop a discharge plan that includes linkages to community providers and to provide 30 days of prescription medication for those offenders taking medications. For offenders being released to another residential setting, the Vendor is responsible for arranging appropriate transportation, as appropriate.

The Vendor shall ensure that all offenders requiring discharge medication received said medication prior to discharge (provided that medication has been reviewed by a Medical Doctor prior to discharge).

The quality of the discharge plan is very important. The vendor will ensure each patient on a mental health caseload receives a thorough discharge plan that is worked on together between clinician and patient. The vendor should have a system of supervisory review to ensure discharge plans are completed, and are of high quality.

The Mental Health Services Vendor and the Medical Services Vendor will provide joint case conferencing on active offenders on a regular basis. The Vendor's social workers, mental health staff and nursing staff will be active participants in the post-discharge planning activities to assure smooth transition to the State Medicaid Waiver or other appropriate Program.

### 37. Confidentiality/Exchange of Information

The Vendor will ensure that offender health information is handled in accordance with any applicable procedures established by Federal and State confidentiality of health information laws and regulations. Medical Services Vendor's staff shall have ready access to health records produced or in the possession of any other DDOC Vendor to perform required services under this contract.

### 38. Resolution of Disputes

Resolution of disputes shall be a cooperative effort. The Vendor's Administrator shall be the lead for daily problem resolution. The Bureau Chief shall lead the State's problem solving efforts and shall include any of the Vendor's staff, other Vendor staff, or DDOC staff as is needed to facilitate problem resolution. It is expected that problems will be quickly resolved as a matter of administrative efficiency and responsiveness. Administrative responsiveness is an important criteria for evaluation considered at contract extension.

### 39. Coordination and Communication with DDOC

To ensure that DDOC's needs and the medical needs of the offenders are met, each Vendor must coordinate closely and communicate regularly with the warden or designee in each facility and, with the BCHS. Coordination and communication are a priority issue for the DDOC. Many incidents, security issues, miscommunications, and insufficient or inappropriate medical care can be avoided through appropriate communication and coordination.

Although some communication requirements are specified in the RFP, the DDOC expects the Mental Health and Medical Services Vendor to establish daily communication protocol with the DDOC BCHS and facility administrative staff that is approved by the Bureau Chief. The DDOC also expects that Medical Services and Mental Health Services Vendors' administrative staff have a single contact person in each facility and that the contact person be available in the facility on a daily basis. The Vendor is responsible for informing DDOC of a change or substitution, whether temporary or permanent, of the single contact person in each facility. The Vendor must keep the DDOC administrative staff in each facility informed of issues and problems, their resolution, special needs and special medical circumstances as well as any other pertinent medical information.

In addition, the DDOC expects the Mental Health and Medical Services Vendor to coordinate closely with the administrative and security staff in each facility in regard to Sick Call, off-site appointments, medication distribution and other medical services. It is the Vendor's responsibility to coordinate with the DDOC BCHS and facility administrative staff in the provision of medical services.

## **D. HUMAN RESOURCE MANAGEMENT**

### **1. Obligation for Facility Health Unit Administration**

The Vendor shall identify a management staff member for each major facility who shall be responsible to the Vendor for corporate and administrative functions related to contract implementation and for liaison activities with the Bureau Chief. Unless noted above, this individual may be at the facility or regional level and his/her job description is subject to advance written approval by Bureau Chief. The Vendors are responsible for daily communication with the BCHS Regional Administrators according to the established protocols for communication developed by the Vendor and approved by the Bureau Chief.

### **2. Recruitment and Retention (See Appendix C, Pricing, for additional information related to Staffing.)**

The Vendor responsible for providing staff to the DDOC under this solicitation must have a continuously active recruitment and retention operation designed to attract qualified health professionals and keep all positions filled, especially clinical positions. The plan must be in writing and accepted by the Bureau Chief.

### **3. New Employee/Contractor Training and Unit Orientation**

The Vendor responsible for providing staff under this solicitation must have a written New Employee Orientation and Training Plan and a system for quickly moving new employees through the training. The Vendor must work closely with the Bureau Chief to coordinate Vendor's orientation and training programs with DDOC mandatory new contractor training/orientation modules. In addition, the Vendor must have a system for privileging licensed and certified health care professionals that targets essential basics for safe offender care. A program for clinical skills update for all health professionals is also required in the written plan. DDOC approved suicide prevention training is mandatory for all on-site Vendor employees.

As part of the plan, the Vendor must provide basic orientation training and biennial updates to DDOC officers on the recognition of altered physical or mental states associated with medical conditions.

The Vendor will be held accountable for providing monthly updates (electronically) on DDOC staff orientation and training including specific training/orientation by facility and the individuals involved.

### **4. Credentialing and Privileging of Professional Staff (initial and on-going)**

The Vendor responsible for providing staff under this solicitation shall have a system for credentialing and privileging staff that is approved by the Bureau Chief. Each off-site service requiring licensure and certification in the State of

Delaware used by any Vendor shall have that licensure or certification on file and be in good standing without practice restrictions. See DDOC Policy C-01, Credentialing, for further information.

5. Work Hours Required On-Site

A 40-hour week is full time. Meal breaks shall not be reimbursed. Credit for filling a post is given when an individual reports for duty at the facility to provide clinical service. Travel time is not considered as time worked with regard to the staffing hours.

A licensed mental health professional is expected to be on site from 8:00 AM until 8:00 PM Monday through Friday and 8:00 AM until 4:30 PM Saturday and Sunday.

All full time hours shall be spent on-site at a facility, except as is otherwise expressly agreed to in writing by the Bureau Chief. Vendor must supply written documentation detailing schedules which are not consistent with the 40 hour week. This might include the pharmaceutical, network or other Vendors. Facility staffing work schedules may be modified only upon prior written agreement between the DDOC BCHS and the Vendor. Each Vendor responsible for providing staff to the DDOC under this solicitation must obtain approval for any Vendor staff off-site training time. The maximum allowable training time per individual clinical staff member is 40 hours per year. Staff training planned for Vendor's non-clinical staff should be clearly presented in Vendor's response to this RFP. The DDOC will not count staff time in attendance at off-site meetings unless so authorized in advance by the DDOC BCHS.

6. Offender Grievances and Inquiries/Complaints Regarding Offender Care

The Vendor will act on all complaints and inquiries received from the DDOC BCHS and others as directed by the DDOC Office of Health Services pertaining to health care-related problems, including a comprehensive written response to the complaint to assure the problems are addressed and resolved. The Vendor's policies and procedures must mirror those of the DDOC. The Vendor must comply with all DDOC offender complaint/grievance procedures as referenced in DDOC policy. The Vendor must utilize DACS for grievance initiation and follow-up communication.

The Vendor will maintain comprehensive monthly information on all grievances filed and actions taken at each institution, in the format that is specified by the DDOC and provide monthly summaries as a part of the Monthly Health Services Report. The DDOC reserves the right to review any offender complaint and the Vendor's actions. The Vendor must implement DDOC recommendations in disputed cases. No additional costs to the DDOC will be permitted in such cases.

Additionally, the Vendor must provide timely investigation and reports for all complaints and inquiries. In all such cases, the DDOC has the final authority to resolve such complaints.

7. Policies, Procedures, and Guidelines/Protocols

The Vendor will follow DDOC BCHS policies and procedures. The Vendor will develop uniform policies, procedures and guidelines/protocols consistent across all institutions and facilities at the beginning of the contract. They must be submitted to the DDOC for approval within 90 days of contract award and must meet NCCHC standards and be consistent with DDOC policies and procedures. The Vendor will provide the DDOC with a sufficient number of copies of their policies, procedures, protocols and guidelines as is necessary to supply DDOC administrators. All changes/revisions shall be supplied 30 days prior to the intended initiation of such changes/revisions and be approved by the BCHS. Copies of annual review sheets referenced in the NCCHC standards must also be supplied. All Vendor policies and procedures are subject to final approval by the DDOC.

8. Continuous Quality Improvement

The Vendor shall have a written continuous quality improvement system showing the continuous emphasis on quality it dedicates to all programs and services provided. The program shall be evidence based, i.e., it shall be supportable by data collected and compiled by the Vendor on all service areas it provides under this contract. While utilization plays a role in the efficiency of services provided, quality indicators in the form of Outcome Measures must be established in coordination with the DDOC to assure both efficiency and quality. The Vendor will work with the DDOC through its quality committee to develop a common form, format, and schedule for quality improvement reporting to ensure a system and tools for monitoring Vendor's efficiency, effectiveness, and quality of services. Monthly reporting to the Bureau Chief is mandatory and must be received prior to the Vendor receiving payment for the reporting month. The goal is to assure adequate access to care for offenders with serious medical illness, to improve offender outcomes, and to meet NCCHC standards.

9. Morbidity and Mortality Review (See DDOC Policy A-10.1, Morbidity and Mortality Review.)

The Vendor providing on-site clinical staff must provide clinical participation in the DDOC Morbidity and Mortality Review Committee meetings consistent with DDOC Policy and NCCHC Standards.

10. Post-Critical Incident Review

The Vendor must participate in the DDOC post-critical incident review process as defined in DDOC policies.

## 11. Risk Management

Risk Management is an essential administrative adjunct component to a clinical CQI system. Data from CQI activities, Morbidity and Mortality Review, and Post-Incident Review must be analyzed to review issues and determine trends that would suggest opportunities for improvement. The Vendor shall work with the DDOC BCHS to develop and supply these reports. Reports should be free of individual offender identifiers and be used for the purpose of rapid problem identification and resolution following a business case scenario.

## 12. Informed Consent/Right to Refuse Treatment

To assure that the offender receives the material facts about the nature, consequences and risks of any proposed treatment, examination, or procedure and the alternatives to the same, a written informed consent will be obtained according to DDOC Policy, using DDOC forms.

In every case in which the offender, after having been informed of the condition and the treatment prescribed, refuses treatment, the refusal must be in writing according to DDOC Policy, using DDOC forms.

## 13. Records and Reports

The DDOC maintains an electronic tracking system which contains health care elements called DACS. Vendor's staff is responsible for timely entry of information on the system. Monthly Health Services Reports whose form and format are to be defined by the DDOC (including utilization data, risk management, and quality improvement activity summary reporting, etc. are to be completed by the Vendor each month and provided to the Bureau Chief in the form and format proscribed by the DDOC. The DACS data entry must be timely and, the Reports must be received by the 10<sup>th</sup> of the month for the preceding month, before any monthly payments to the Vendor will be released.

## 14. Response Team

Vendors will be a participating member of the DDOC's response team that provides and participates in post trauma incident debriefings and counseling services for critical incidents including disaster and pandemic episodes. Services will be provided both on- and off-facility to the Vendor and DDOC staff. Sessions are to be attended simultaneously by all DDOC and Vendor employees involved. These Response sessions are intended to expedite the recovery process, help foster a better understanding of the roles and traumas each person suffered, aid in recovery, and promote a better understanding and appreciation for the roles played by the DDOC and Vendor employees.

## 15. Cooperative Interaction with Other Offender Health Services Vendors

The Vendor shall work cooperatively with any and all other health care Vendor(s) selected by the DDOC to provide comprehensive services to DDOC offenders such that access to care, continuity of care, and quality of care are maintained. Administrators and Clinicians will participate in such standing and ad hoc committees to coordinate Vendor activities as is determined necessary by the Bureau Chief.

## 16. Reporting Requirements

**Performance Measure Reporting:** The DDOC will implement performance measures in conjunction with the State's performance based budgeting. The Vendor will be expected to comply these additional simple data collecting and reporting requirement as requested by DDOC.

**Data Entry:** The Vendor must utilize DACS as required by DDOC. The Vendor will also be responsible for entering EMAR and EMR.

**Other Reporting:** Upon request, the Vendor shall submit such other information and reports relating to its activities under this contract on such forms and at such times as may be required by the DDOC substance abuse treatment services administrator.

**Offender Tracking System:** The Vendor shall establish their own offender tracking system for follow up/aftercare services in a community residential centers and/or community agency.

**Progress Reports:** Routinely provide progress reports on offenders to the DDOC staff and, upon request, special reports to the parole board.

**Treatment Compliance:** The Vendor will be required to assist in the DDOC compliance with State of Delaware laws as they apply to substance abuse treatment. Specifically the contractor will be required to:

Provide written explanation to the DDOC or probation officer, in the case of an individual who has been denied admittance to a court ordered substance abuse program by the treatment Vendor, even though the individual meets the written eligibility criteria and has requested to enter the program.

Develop a written individualized treatment plan for each offender who participates in the program.

The Vendor must maintain a master roster of offenders by name and SBI number admitted to the program with admission and discharge dates. The list also must indicate the type of discharge. Those categories are: 1) successful discharge; 2) released unexpectedly from the program by DDOC (legal); 3) removed due to medical/mental health reasons; 4) discharged for disciplinary reasons; and 5)



removed for other reasons (against treatment advice) by DDOC. This information must be made available to DDOC upon request at any given time.

For offenders enrolled in aftercare, the contractor must provide a discharge summary to the offender's probation officer within (30) days of the offender's discharge from aftercare. The discharge summary shall describe the status of the offender's discharge as one of the following:

- Treatment completed: successful termination from aftercare;
- Administrative discharge: due to factors beyond the offender's control, such as: removal from aftercare because of separate court order, physical incapacitation, etc;
- Non-compliance: failure to participate successfully in treatment; and
- The discharge summary must be placed in the DDOC offender's file. If the offender is discharged for non-compliance, a copy of the discharge summary must be provided to the offender.

17. Monthly Reports: The Vendor must provide the DDOC with a monthly report. The monthly report must include but not limited to:

- The number of successful completions for each program
- The number of unsuccessful completions for each program
- Average daily beds occupied in each program
- The daily average of vacant beds in each program
- The daily average of staff vacancies in each program
- The number of grievances received from residents
- The number of Key Program graduates who successfully completed the program and transferred to CREST
- The number of Key program graduates who successfully completed the program but returned to general population
- The number of offenders on Key, Crest, or Aftercare waiting list
- The number of Crest program graduates who successfully completed the program can be transferred to Aftercare
- Other data as requested by the DDOC

18. Weekly Reports: The Vendor must provide the DDOC with a weekly report. The weekly report must include but not limited to:

- Average daily beds occupied in each program
- The daily average of vacant beds in each program

- The daily average of staff vacancies in each program
- The number of offenders on Key, Crest, or Aftercare waiting list
- Staffing Vacancies
- Other data as requested by the DDOC

#### 19. Continuing Education Requirement

The Vendor must assure, at no cost to the State that their program managers working under the terms of the contract meet and maintain the legal requirements for certification. Continuing education hours are not billable to the State.

#### 20. Work Schedule

Vendors are to propose a staff work schedule detailing the number of weeks, days and total hours anticipated annually for each position.

### **E. Required Information**

The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the DDOC.

#### 1. Minimum Requirements

Delaware business license:

Provide evidence of a Delaware business license or evidence of an application to obtain the business license.

Professional liability insurance: Provide evidence of professional liability insurance in the amount of \$5,000,000.00.

Vendors must demonstrate that they have had at least 3 years experience in either correctional health care or 3 years experience in mental health, substance abuse, sex offender or DUI in Delaware.

#### 2. General Evaluation Requirements

Corporate Experience: Company's overall related work experience which meets qualifications of RFP, experience in providing correctional mental health care, substance abuse, sex offender treatment, and DUI treatment programs for offender populations up to and exceeding 7,000, and current experience in providing them in facilities that are ACA, NCCHC, or JCAHO accredited or providing mental health care and treatment programs in Delaware. Experience in utilization management and in producing cost savings while maintaining appropriate offender outcomes. Experience should be demonstrated by

providing information separately for infirmary and hospital care in the following areas:

- Admissions per 1,000 offenders or offenders: infirmary, hospital
- Offender days per 1,000 offenders or offenders: infirmary, hospital
- Average length of offender stay: infirmary, hospital
- Average length of offender mental health stay
- Average length of offender chemical dependency withdrawal
- Mental health admissions per 1,000 offenders or offenders
- Chemical dependency withdrawal per 1,000 offenders or offenders

If the Vendor has clinical experience in Delaware, the Vendor must provide the above based information on that clinical experience.

In addition, the Vendor should provide a brief description of current or past services similar to those proposed, indicating success of those services and target population served by the Vendor. Include the number of offenders (offenders) served and a brief description of the types of services provided. Include a summary of the Vendor's current and recent history of past performances related to correctional or clinical health care including all contracts awarded in the past five years.

Indicate capacity to successfully manage proposed services.

Specify corporate experience in providing correctional or clinical health care. Include in your discussion the number of employees in the firm, annualized dollars of payroll, and number of years in business.

Specify facilities that the Vendor operates that are currently accredited and non-accredited. Include the following information:

- i. Name of facility, accrediting agency (e.g., NCCHC, JCAHO), and dates of re-accreditation. List facilities that lost accreditation and the reason.
- ii. List all fines which exceed \$1,000, incurred under other contracts for non performance of duties, in whole or in part, within the last three years.
- iii. List all contracts on which you experienced a loss of funds due to fines, delay damages, liquidated damages, and/or forfeiture of performance or proposal bonds in whole or in part.
- iv. Submit the names, business addresses, telephone numbers, and fax numbers of at least five of your major suppliers and/or sub vendors in the last five years.
- v. Name of any facilities owned or operated by Vendor that are on probation.

- vi. Provide the most recent NCCHC or another accreditation agency survey for all facilities.

### 3. Quality of Response

Understanding of project requirements and ability to clearly describe how their program will meet RFP objectives. Implies judgment of evaluators on how reasonable the Vendor's plan is given particular requirements of the Delaware correctional system. In addition, pricing models will be considered.

Corporate Capability: Financial stability as determined by review of financial information provided by the Vendor; perceived ability to start up and manage the program in the time required using the staff, structure and phase in required in the RFP. Financial stability should be demonstrated through production of balance sheets and income statements or other generally accepted business record for the last 3 years that includes the following: the Vendor's Earnings Before Interest & Taxes, Total Assets, Net Sales, Market Value of Equity, Total Liabilities, Current Assets, Current Liabilities and Retained Earnings.

In addition to financial information, discuss any corporate reorganization or restructuring that has occurred within the last 3 years and discusses how the restructuring will impact the Vendor's ability to provide services proposed. Also disclose the existence of any related entities (sharing corporate structure or principal officers) doing business in the field of correctional health care. The DDOC reserves the right to terminate the contract, based upon merger or acquisition of the Vendor, during the course of the contract. Include a description of any current or anticipated business or financial obligations, which will coincide with the term of this contract.

### 4. Price

Relative cost-effectiveness of service offered in the proposal based on the total dollar figure for delivery of all services for the contract period. Explains how pricing model affords lowest cost without sacrificing quality. "What if" scenarios should be run to fully evaluate each proposed model should actual prices be above or below the proposed target. The transparency of the different pricing models will also be considered.

### 5. References

Verified customer and subcontractors' references from similar operations based on the reported degree of satisfaction of services. Consider significance of reported performance against contract requirements and litigation, past and current, and success in obtaining and maintaining NCCHC/ACA or similar standards in correctional systems of similar scope.

## **F. Professional Services RFP Administrative Information**

### **1. RFP Issuance**

#### **a) Obtaining Copies of the RFP**

This RFP is available in electronic form only through the State of Delaware, Procurement website at <http://bids.delaware.gov>. Paper copies of this RFP will not be available.

#### **b) Public Notice**

Public notice has been provided in accordance with 29 Del. C. § 6981.

#### **c) Assistance to Vendors with a Disability**

Vendors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the Designated Contact no later than ten days prior to the deadline for receipt of proposals.

#### **d) RFP Designated Contact**

All requests, questions, or other communications about this RFP shall be made in writing to the DDOC. Address all communications to the person listed below; communications made to other State of Delaware personnel or attempting to ask questions by phone or in person will not be allowed or recognized as valid and may disqualify the Vendor. Vendors should rely only on written statements issued by the RFP designated contact.

**James C. Welch, RN, HN-BC,**  
**Chief, Bureau of Correctional Healthcare Services**  
**Department of Correction**  
**245 McKee Road**  
**Dover, DE 19904**  
[james.welch@state.de.us](mailto:james.welch@state.de.us)

To ensure that written requests are received and answered in a timely manner, electronic mail (e-mail) correspondence is acceptable, but other forms of delivery, such as postal and courier services can also be used.

#### **e) Consultants and Legal Counsel**

The DDOC may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the Vendors' responses. Vendors shall not contact consultant or legal counsel on any matter related to the RFP.

f) Contact with State Employees

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business.

g) Organizations Ineligible to Bid

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

h) Exclusions

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a Vendor or its principles who:

- i. Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;
- ii. Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;
- iii. Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;
- iv. Has violated contract provisions such as:
  - 1) Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
  - 2) Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts.
- v. Has violated ethical standards set out in law or regulation; and
- vi. Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

## B. RFP Submissions

### 1. Acknowledgement of Understanding of Terms

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

### 2. Proposals

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. DDOC reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with 11 paper copies and 11 electronic copies on CD.

All properly sealed and marked proposals are to be sent to the DDOC and received no later than 4:00 PM EST on April 27, 2012. The Proposals may be delivered by Express Delivery (e.g., FedEx, UPS, etc.), US Mail, or by hand to:

**Department of Correction  
ATTN: BCHS  
245 McKee Road  
Dover, DE 19904**

Any proposal submitted by US Mail shall be sent by either certified or registered mail. Proposals must be received at the above address no later than **4:00 PM EST on April 27, 2012**. Any proposal received after this date shall not be considered and shall be returned unopened. The proposing Vendor bears the risk of delays in delivery. The contents of any proposal shall not be disclosed as to be made available to competing entities during the negotiation process.

Upon receipt of vendor proposals, each vendor shall be presumed to be thoroughly familiar with all specifications and requirements of this RFP. The failure or omission to examine any form, instrument or document shall in no way relieve vendors from any obligation in respect to this RFP.

### 3. Proposal Modifications

Any changes, amendments or modifications to a proposal must be made in writing, submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

#### 4. Proposal Costs and Expenses

The DDOC will not pay any costs incurred by any Vendor associated with any aspect of responding to this solicitation, including proposal preparation, printing or delivery, attendance at Vendor's conference, system demonstrations or negotiation process.

#### 5. Proposal Expiration Date

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through the initial contract period. The DDOC reserves the right to ask for an extension of time if needed.

#### 6. Late Proposals

Proposals received after the specified date and time will not be accepted or considered. To guard against premature opening, sealed proposals shall be submitted, plainly marked with the proposal title, vendor name, and time and date of the proposal opening. Evaluation of the proposals is expected to begin shortly after the proposal due date. To document compliance with the deadline, the proposal will be date and time stamped upon receipt.

#### 7. Proposal Opening

The DDOC will receive proposals until the date and time shown in this RFP. Proposals will be opened only in the presence of the DDOC personnel. Any unopened proposals will be returned to Vendor.

There will be no public opening of proposals but a public log will be kept of the names of all Vendor organizations that submitted proposals. The contents of any proposal shall not be disclosed to competing Vendors prior to contract award.

#### 8. Non-Conforming Proposals

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the DDOC.

#### 9. Concise Proposals

The DDOC discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective



proposal are not desired. The DDOC's interest is in the quality and responsiveness of the proposal.

#### 10. Realistic Proposals

It is the expectation of the DDOC that Vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The DDOC shall bear no responsibility or increase obligation for a Vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

#### 11. Confidentiality of Documents

All documents submitted as part of the Vendor's proposal will be deemed confidential during the evaluation process to the extent permitted by law. Vendor proposals will not be available for review by anyone other than the DDOC/Proposal Evaluation Team or its designated agents. There shall be no disclosure of any Vendor's information to a competing Vendor prior to award of the contract unless required by law.

The DDOC is a public agency as defined by State law, and as such, it is subject to the Delaware Freedom of Information Act, 29 Del. C. Ch. 100. Under the law, the majority of DDOC's records are presumptively confidential (see 11 *Del. C.* § 4322) and are usually not subject to inspection and copying by any person. Vendor(s) are advised that once a proposal is received by the DDOC and a decision on contract award is made, its contents may become public record and nothing contained in the proposal will be deemed to be confidential unless supported by law.

Vendor(s) shall not include any information in its proposal that is proprietary in nature or that it would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information. If a Vendor feels that it cannot submit its proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended for selection. Vendor(s) must submit any required proprietary information in a separate, sealed envelope labeled "Proprietary Information" with the RFP number. The envelope must

contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 Del. C. § 10002(g), and briefly stating the reasons that each document meets the said definitions. The opinions of Vendor's legal counsel shall not be binding upon DDOC.

Upon receipt of a proposal accompanied by such a separate, sealed envelope, the DDOC will open the envelope to determine whether the procedure described above has been followed.

## 12. Multi-Vendor Solutions (Joint Ventures)

Multi-Vendor solutions (joint ventures) will be allowed only if one of the venture partners is designated as the "prime contractor". The "prime contractor" must be the joint venture's contact point for the DDOC and be responsible for the joint venture's performance under the contract, including all project management, legal and financial responsibility for the implementation of all Vendor's systems. If a joint venture is proposed, a copy of the joint venture agreement clearly describing the responsibilities of the partners must be submitted with the proposal. Services specified in the proposal shall not be subcontracted without prior written approval by the DDOC, and approval of a request to subcontract shall not in any way relieve Vendor of responsibility for the professional and technical accuracy and adequacy of the work. Further, Vendor shall be and remain liable for all damages to the DDOC caused by negligent performance or non-performance of work by its subcontractor or its sub-subcontractor.

Multi-Vendor proposals must be a consolidated response with all cost included in the cost summary. Where necessary, RFP response pages are to be duplicated for each Vendor.

### a. Primary Vendor

The DDOC expects to negotiate and contract with only one "Primary Vendor". The DDOC will not accept any proposals that reflect an equal teaming arrangement or from Vendors who are co-bidding on this RFP. The Primary Vendor will be responsible for the management of all subcontractors.

Any contract that may result from this RFP shall specify that the Primary Vendor is solely responsible for fulfillment of any contract with the DDOC as a result of this procurement. The DDOC will make contract payments only to the awarded Vendor. Payments to any-subcontractors are the sole responsibility of the Primary Vendor (awarded Vendor).

b. Sub-Contracting

The Vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, Vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained and identified by name in the proposal. **The Primary Vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.** Any sub-contractors must be approved by DDOC.

c. Multiple Proposals

A primary Vendor may not participate in more than one proposal in any form. Sub-contracting Vendors may participate in multiple joint venture proposals.

13. Sub-Contracting

The Vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, Vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and subcontractors must be identified by name. Any sub-contractors must be approved by DDOC. DDOC may unilaterally terminate any approved sub-contractor through the procedures set forth in the termination provisions set forth at paragraph IV(D)(5)(m) and (n).

14. Discrepancies and Omissions

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of Vendor. Should Vendor find

discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, Vendor shall notify the DDOC's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of Vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, no later than ten (10) calendar days prior to the time set for opening of the proposals.

a. RFP Question and Answer Process

The DDOC will allow written requests for clarification of the RFP. Requests may be submitted either electronically or by mail. All questions will be consolidated into a single set of responses and posted on the DDOC's website at [bids.delaware.gov](http://bids.delaware.gov) by 12:00 PM each Friday. Vendors' names will be removed from questions in the responses released. Questions should be submitted in the following format. Deviations from this format will not be accepted.

RFP Section number

Paragraph number

Page number

Text of passage being questioned

Question

Questions not submitted electronically shall be accompanied by a CD and questions shall be formatted in Microsoft Word. Written questions will be accepted during the mandatory pre-bid meeting. Written questions will also be accepted through April 13, 2012, via e-mail to [Britta.Strop@state.de.us](mailto:Britta.Strop@state.de.us).

15. DDOC's Right to Reject Proposals

The DDOC reserves the right to accept or reject any or all proposals or any part of any proposal, to waive defects, technicalities or any specifications (whether they be in the DDOC's specifications or Vendor's response), to sit and act as sole judge of the merit and qualifications of each product offered, or to solicit new proposals on the same project or on a modified project which may include portions

of the originally proposed project as the DDOC may deem necessary in the best interest of the DDOC.

#### 16. DDOC's Right to Cancel Solicitation

The DDOC reserves the right to cancel this solicitation or portions thereof at any time during the procurement process, for any reason or for no reason. The DDOC makes no commitments expressed or implied, that this process will result in a business transaction with any Vendor.

This RFP does not constitute an offer by the DDOC. Vendor's participation in this process may result in the DDOC selecting the Vendor's organization to engage in further discussions and negotiations toward execution of a contract. The commencement of such negotiations does not, however, signify a commitment by the DDOC to execute a contract nor to continue negotiations. The DDOC may terminate negotiations at any time and for any reason, or for no reason.

#### 17. State's Right to Award Multiple Source Contracting

Pursuant to 29 Del. C. § 6986, the DDOC may award a contract for a particular professional service to two or more Vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

#### 18. Notification of Withdrawal of Proposal

Vendor may modify or withdraw its proposal by written request, provided that both proposal and request is received by the DDOC prior to the proposal due date. Proposals may be re-submitted in accordance with the proposal due date in order to be considered further.

Proposals become the property of the DDOC at the proposal submission deadline. All proposals received are considered firm offers at that time.

#### 19. Revisions to the RFP

If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at <http://bids.delaware.gov>. The DDOC is not bound by any statement related to this RFP made by any State of Delaware employee, contractor, vendor or its agents.

#### 20. Exceptions to the RFP

Any exceptions to the RFP, or the DDOC's terms and conditions, must be highlighted and included in writing in the proposal. Acceptance of exceptions is within the sole discretion of the Proposal Evaluation Team.

## 21. Award of Contract

The Proposal Evaluation Team shall report to the DDOC its recommendation as to which Vendor(s) the DDOC should negotiate for a possible award. The DDOC may negotiate with at least one of the qualified vendors and may negotiate with multiple vendors at the same time. Once negotiations have been successfully concluded, the DDOC shall notify the vendors of its selection(s). The DDOC has the sole right to select the successful Vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a Vendor of the acceptance of its proposal by the DDOC, the subsequent full execution of a written contract and execution of a Purchase Order will constitute a contract, and no Vendor will acquire any legal or equitable rights or privileges until the occurrence of these events. All Vendor(s) will be notified of their selection status.

### C. RFP Evaluation Procedures

#### 1. Basis of Award

The DDOC shall award this contract(s) to the most responsible and responsive Vendor(s) who best meets the terms and conditions of the proposal. The award will be made on basis of corporate experience, corporate capability, and quality of the Vendor's response, price and references. The DDOC is looking for best quality and value.

The DDOC reserves the right to reject any or all proposals in whole or in part, to make multiple awards, partial awards, award by types, item by item, or lump sum total, whichever may be most advantageous to the State of Delaware. DDOC's intent is to award this contract to the best Vendor(s).

#### 2. Proposal Evaluation Team

The Proposal Evaluation Team comprises of a group with expertise in health care, procurement, contract management, budgeting, and technical operations. Section 202 of House Bill 190 exempts the DDOC from the requirements in 29 Del. C c. 69 for procurement of health care services to the Department's incarcerated population. Although the Department is not required by law to adhere to the provisions of 29 Del. C. c. 69 and without waiving its ability to use its authority under Section 202 of House Bill 190, the DDOC has chosen to proceed using the standard process for large professional services contracts. The Team shall determine which Vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 Del. C. §§ 6981 and 6982. The Team shall make a recommendation regarding the award to the Commissioner of

Correction who shall have final authority, subject to the provisions of this RFP and 29 Del. C. § 6982, to award a contract to the successful Vendor in the best interests of the State of Delaware.

### 3. Requirements of the Vendor(s)

The purpose of this section is to assist the Proposal Evaluation Team to determine the ability of the organization to provide the services described in the application. The response should include:

Brief history of the organizations, including accreditation status, if applicable.

Applicant's experience, if any, providing similar services. At least three references are required.

Brief history of any subcontractors of the organization, if applicable. At least three references of subcontractor, if applicable.

Financial information to demonstrate financial stability and capability to carry of the requirements of the RFP including but not limited to the Vendor's Earnings Before Interest & Taxes, Total Assets, Net Sales, Market Value of Equity, Total Liabilities, Current Assets, Current Liabilities, and Retained Earnings in the form of balance sheets, income statements or other generally accepted financial forms for the past three years

Describe the methodology/approach used for implementing services including a work plan and time line.

## D. Criteria and Scoring

### 1. Proposal Selection Criteria

The Proposal Evaluation Team shall assign up to the maximum number of points for each Evaluation Item to each of the proposing Vendor's proposals. All assignments of points shall be at the sole discretion of the Proposal Evaluation Team.

The proposals all contain the essential information on which the award decision shall be made. The information required to be submitted in response to this RFP has been determined by the State of DDOC to be essential for use by the Team in the bid evaluation and award process. Therefore, all instructions contained in this RFP shall be met in order to qualify as a responsive and responsible Vendor and participate in the Proposal Evaluation Team's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Team.

The Team reserves the right to:

- Select for contract or for negotiations a proposal other than that with lowest costs.
- Reject any and all proposals or portions of proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all Vendors during the contract review and negotiation.
- Negotiate any aspect of the proposal with any Vendor and negotiate with more than one Vendor at the same time.
- Select more than one Vendor pursuant to 29 Del. C. §6986. Such selection will be based on the following criteria:
  - By type of service



a. Criteria Weight

All proposals shall be evaluated using the same criteria and scoring process. The following criteria shall be used by the Proposal Evaluation Team to evaluate proposals:

	Category	Description	Weight
1	<b>Corporate Experience</b>	Company's overall related work experience which meets qualifications of RFP, experience in providing correctional health care programs for offender populations exceeding 7,000, and current experience in providing them in facilities that are ACA, NCCHC, or JCAHO accredited or experience in Delaware in the different services; Experienced in utilization management and in producing cost savings while maintaining appropriate offender outcomes.	<b>10</b>
2	<b>Quality of Response</b>	Understanding of project requirements and ability to clearly describe how their program will meet RFP objectives. Implies judgment of evaluators on how reasonable the Vendor's plan is given particular requirements of the DE correctional system.	<b>10</b>
3	<b>Corporate Capability</b>	Financial stability as determined by review of financial information provided by the Vendor; perceived ability to start up and manage the program in the time required using the staff, structure and phase in required in the RFP.	<b>10</b>
4	<b>Price</b>	Relative cost-effectiveness of service as compared to other Vendors based on the total dollar figure for delivery of all services for the contract period. Explains how pricing model affords lowest cost without sacrificing quality. "What if" scenarios should be run to fully evaluate each proposed model should actual prices be above or below the proposed target. The transparency of the pricing models will also be considered.	<b>10</b>
5	<b>References</b>	Verified customer references from similar operations based on the reported degree of satisfaction of services. Consider significance of reported performance against contract requirements and litigation, past and current, and success in obtaining and maintaining NCCHC or similar standards in correctional systems of similar scope.	<b>10</b>
	<b>Maximum Total Score</b>		<b>50</b>

b. Cost Proposal (See Appendix C, Pricing)

Both “full risk” and “shared risk” pricing models are acceptable to the DDOC. Fixed administrative fees for management services are also acceptable so long as a clear and concise statement explaining how such costs are calculated is included. Vendors are encouraged to provide multiple types of pricing models for consideration in any response to this RFP. Proposals may include escalators during the course of the contract for critical staff or other components if supported by data which explains of the need for cost increases and the method for calculating same. Staffing or other incentive mechanisms that Vendors have used successfully in other jurisdictions to minimize costs or maintain staffing levels will be seriously considered.

Vendors are encouraged to be creative in their cost proposals with the intent to minimize costs to the state. Each Vendor must include in its price proposal a full explanation how the model proposed is the best model for the DDOC to both provide adequate levels of healthcare services and control offender health care costs. While different models are encouraged, nothing in any of the models offered shall compromise the different services provided to any offender or DDOC staff.

The cost mechanism will be a system that provides incentive to the Vendor to reduce the costs of care without compromising that care.

c. Proposal Clarification

The Proposal Evaluation Team may contact any Vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

d. References

The Proposal Evaluation Team may contact any customer of the Vendor, whether or not included in the Vendor’s reference list, and use such information in the evaluation process. Additionally, DDOC may choose to visit existing installations of comparable systems, which may or may not include Vendor personnel. If the Vendor is involved in such facility visits, DDOC will pay travel costs only for DDOC personnel or Proposal Evaluation Team members for these visits.

e. Oral Presentations

Selected Vendors may be invited to make oral presentations to the Proposal Evaluation Team. The Vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components.

All of the Vendor's costs associated with participation in oral discussions and system demonstrations conducted for DDOC are the Vendor's responsibility.

Proposal Evaluation Team members will assign up to the maximum number of points listed for each of the listed above. For items having quantitative answers, points will be proportionate to each Vendor's response. Items with qualitative answers will receive the average of points assigned by Proposal Evaluation Team members.

E. Contract Terms and Conditions

1. General Information

- a. The term of the contract between the successful Vendor and the DDOC shall be for two (2) years with two (2) extensions for a period of one (1) year for each extension.
- b. The selected Vendor will be required to enter into a written contract with the DDOC. The DDOC reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP. Any proposed modifications to the terms and conditions of the standard contract are subject to review and approval by the DDOC. Vendors will be required to sign the contract for all services, and may be required to sign additional agreements.
- c. The selected Vendor(s) will be expected to enter negotiations with the DDOC, which will result in a formal contract between parties. Procurement will be in accordance with subsequent contracted agreement. This RFP and the selected Vendor's response to this RFP will be incorporated as part of any formal contract.
- d. The DDOC's standard contract will most likely be supplemented with the Vendor's software license, support/maintenance, source code escrow agreements, and/or any other applicable agreements. The terms and conditions of these agreements will be negotiated with the Vendor during actual contract negotiations.

- e. The successful Vendor shall promptly execute a contract incorporating the terms of this RFP by the start of the contract on July 1, 2012. No Vendor is to begin any service prior to receipt a State of Delaware purchase order signed by two authorized representatives of the DDOC requesting service, properly processed through the State of Delaware Accounting Office and the Department of Finance. The purchase order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once it is received by the successful Vendor.
- f. If the Vendor to whom the award is made fails to enter into the contract as herein provided, the award will be annulled, and an award may be made to another Vendor. Such Vendor shall fulfill every stipulation embraced herein as if they were the party to whom the first award was made.

## 2. Collusion or Fraud

Any evidence of agreement or collusion among Vendor(s) and prospective Vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such Vendor(s) void.

By responding, the Vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing Vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the Vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the Vendor's proposal preparation.

Advance knowledge of information which gives any particular Vendor advantages over any other interested Vendor(s), in advance of the opening of proposals, whether in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

## 3. Lobbying and Gratuities

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

The selected Vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP

upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the DDOC shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors, vendors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

#### 4. Solicitation of State Employees

Until contract award, Vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the Vendor, its affiliates, actual or prospective contractors, or any person acting in concert with Vendor, without prior written approval of the DDOC's contracting officer. Solicitation of State of Delaware employees by a Vendor may result in rejection of the Vendor's proposal.

This paragraph does not prevent the employment by a Vendor of a State of Delaware employee who has initiated contact with the Vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the Vendor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under State or Federal law. If a Vendor discovers that they have done so, they must terminate that employment immediately.

#### 5. General Contract Terms

##### a. Independent Contractors

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes.

b. Non-Appropriation

In the event the General Assembly fails to appropriate the specific funds necessary to enter into or continue the contractual agreement, in whole or part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds.

c. Licenses and Permits

In performance of the contract, the Vendor will be required to comply with all applicable Federal, State and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful Vendor. The Vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 Del. C. § 2301.

Prior to receiving an award, the successful Vendor shall either furnish the DDOC with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject Vendor to applicable fines and/or interest penalties.

d. Security Clearance and Criminal History Check

Possession of a security clearance, as issued by the Delaware Department of Public Safety, Division of State Police, will be required of all employees, subcontractors, agents or other persons performing work on any portion of this contract. (See 29 Del. C. § 8914).

DDOC will perform a criminal history background investigation shortly after the contract is signed by all parties. If any of the Vendor's staff has been convicted of a crime, the DDOC has the option to terminate the contract immediately and shall not pay for any time worked up to the time that this option is exercised.

The Vendor must inform the DDOC immediately if any new criminal charges are filed against the Vendor or its staff, subcontractors, agents or other persons performing any of the contracted services in any court in

this or any other state or by the Federal government. The DDOC reserves the right to immediately terminate the contract and withhold payment for work completed to date under this provision.

e. Mandatory Vendor Certification

All invoices, reports, and documents provided in response to an audit, as well as any documentation provided to DDOC pursuant to any contractual obligation, including any chart or compilation of data, report, or other document produced by the vendor shall contain the following certification:

“I hereby certify that the information reported herein is true, accurate and complete. I understand that these reports are made in support of claims for government funds.”

Any certification related to information and documents produced to the Department shall be certified only by the Vendor’s contract manager.

f. Notice

Any notice to the DDOC required under the contract shall be sent by registered mail to:

**James Welch  
Department of Correction  
245 McKee Road  
Dover, DE 19904**

g. Indemnification

1. General Indemnification

Vendor will hold harmless, indemnify and defend the Department, the State of Delaware and their agents, employees, or officers of the State of Delaware from any and all suits, actions, losses, liability, damages (including punitive damages), expenses, reasonable attorney fees (including salaries of attorneys regularly employed by the State of Delaware), judgments, or settlements incurred by the Department, the State of Delaware or their agents, employees, or officers arising out of the provision of services by vendor, its employees, or subcontractors under the contract, including direct or indirect negligence or intentional acts of omission or commission, and professional malpractice regardless of any negligence or any intentional act or omission by employees or officials of the Department. The legal duties and responsibilities set forth in this paragraph include the duty to cooperate with the Department, its employees, and attorneys in the defense of any legal action against

the State, its agents, employees, or officers arising out of the provision of services by Vendor, which involve claims related to an offender's medical care, or which require information or testimony from vendor's employees or contractors.

## 2. Proprietary Rights Indemnification

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware or DDOC, the DDOC shall promptly notify the Vendor in writing and Vendor shall defend such claim, suit or action at Vendor's expense, and Vendor shall indemnify the State of Delaware and the DDOC against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the Vendor (collectively "Products") is or in Vendor's reasonable judgment is likely to be, held to constitute an infringing product, Vendor shall at its expense and option either:

- (a) Procure the right for the DDOC to continue using the Product(s);
- (b) Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- (c) Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the DDOC agrees to and accepts in writing.

## h. Bonds and Insurance Company Qualifications

All required bonds (if bonds) and insurance must be issued by companies which are A rated or higher by A.M. Best & Co., have a record of successful continuous operation, are licensed, admitted, and authorized to do business in the State of Delaware, and are approved by DDOC. Required coverage and limits must be put into effect as of the effective date of the Contract and must remain in effect throughout the term of the Contract, as determined by DDOC. The Successful Vendor must submit copies of each required insurance contract, and any renewals thereof, to



DDOC upon the DDOC's request. The insurance policies must provide thirty (30) days' advance written notice of cancellation, termination or failure to renew any policy.

i. Performance Bond

Upon notification of receiving the Contract award, the Successful Vendor will be required to obtain a Performance Bond or other acceptable form of security in the amount of 25% of the negotiated contract for every year of the Contract. The Performance Bond may be paid in full or in part to DDOC if the Successful Vendor defaults in the performance of the Contract or has occasioned uncompensated liquidated damages.

The Performance Bond may be assessed liquidated damages if these damages have not been received by the DDOC within thirty (30) calendar days of written notice to the Successful Vendor that they have been incurred.

Other forms of security may be acceptable but are subject to DDOC's discretion. Failure to post an additional bond or security within seven (7) days after notice that the proposed security is inadequate shall be grounds for immediate termination of the Contract.

j. Insurance

1. Vendor recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the Vendor's negligent performance under this contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the Vendor in their negligent performance under this contract.
2. The Vendor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The Vendor is an independent contractor and is not an employee of the State of Delaware.

3. During the term of this contract, the Vendor shall, at its own expense, carry insurance minimum limits as follows:

a.	Comprehensive General Liability	\$3,000,000
b.	Professional Liability/Misc. Error & Omissions/Product Liability	\$3,000,000/\$5,000,000

If the contractual service requires the transportation of DDOC offenders or staff, the Vendor shall, in addition to the above coverage, secure at its own expense the following coverage:

a.	Automotive Liability (Bodily Injury)	\$100,000/\$300,000
b.	Automotive Property Damage (to others)	\$ 25,000

4. The Vendor shall provide a certificate of insurance as proof that the Vendor has the required insurance.

k. Performance Requirements

The selected Vendor will warrant that it possesses, or has arranged through subcontractors, all capital and other equipment, labor, materials, and licenses necessary to carry out and complete the work hereunder in compliance with any and all Federal and State laws, and County and local ordinances, regulations and codes.

l. Warranty

The Vendor will provide a warranty that the deliverables provided pursuant to the contract will function as designed for a period of no less than one (1) year from the date of system acceptance. The warranty shall require the Vendor correct, at its own expense, the setup, configuration, customizations or modifications so that it functions according to the DDOC's requirements.

m. Costs and Payment Schedules

All contract costs must be as detailed specifically in the Vendor's cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the DDOC. The proposal costs shall

include full compensation for all taxes that the selected Vendor is required to pay.

The DDOC will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The DDOC may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).

n. Penalties

The DDOC may include in the final contract penalty provisions for non-performance, such as liquidated damages. Any factually or legally applicable penalty or liquidated damage shall not be the exclusive remedy available for breach of contract.

o. Termination for Cause

If for any reasons, or through any cause, the Vendor fails to fulfil in timely and proper manner its obligations under the contract, or if the Vendor violates any of the covenants, agreements or stipulations of the contract, the DDOC shall thereupon have the right to terminate the contract by giving written notice to the Vendor of such failure and demand that such failure be cured within 30 days. If such obligations, covenants, agreements or stipulations are not cured to the satisfaction of DDOC within 30 days from the date of the notice, DDOC may terminate the contract with the Vendor by providing a termination date no shorter than 90 days from the date the Vendor's attempts at a cure have failed.

In that event, all finished or unfinished documents, charts, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the contract shall, at the option of the DDOC, become its property, and the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials which is useable to the DDOC.

p. Termination for Convenience

The DDOC may terminate the contract at any time by giving written notice of such termination and specifying the effective date thereof, at least one hundred and twenty (120) days before the effective date of such termination. In that event, all finished or unfinished documents, charts, data, studies, surveys, drawings, maps, models, photographs and reports or other material prepared by the Vendor under the contract shall, at the option of the DDOC, become its property, and the Vendor shall be entitled to compensation for any satisfactory work completed on such documents and other materials which is useable to the DDOC. If the contract is

terminated by the DDOC as so provided, the Vendor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Vendor as covered by the contract, less payments of compensation previously made. Provided however, that if less than 60 percent of the services covered by the contract have been performed upon the effective date of termination, the Vendor shall be reimbursed (in addition to the above payment) for that portion of actual out of pocket expenses (not otherwise reimbursed under the contract) incurred by the Vendor during the contract period which are directly attributable to the uncompleted portion of the services covered by the contract.

q. Non-discrimination

In performing the services subject to this RFP the Vendor will agree that it will not discriminate against any employee or applicant for employment because of race, creed, color, sex or national origin. The successful Vendor shall comply with all Federal and State laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

r. Covenant against Contingent Fees

The successful Vendor will warrant that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees, bona-fide established commercial or selling agencies maintained by the Vendor for the purpose of securing business. For breach or violation of this warranty the DDOC shall have the right to annul the contract without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

s. Vendor Activity

No activity is to be executed in an off shore facility, either by a subcontracted firm or a foreign office or division of the Vendor. The Vendor must attest to the fact that no activity will take place outside of the United States in its transmittal letter. Failure to adhere to this requirement is cause for elimination from future consideration.

t. Work Product

All materials and products developed under the executed contract by the Vendor are the sole and exclusive property of the State. The Vendor will seek written permission to use any product created under the contract.

u. Contract Documents

The RFP, the Vendor's response to the RFP, the purchase order, the executed contract and any supplemental documents between the DDOC and the successful Vendor shall constitute the contract between the DDOC and the Vendor. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: contract, DDOC's RFP, Vendor's response to the RFP any supplemental documents and purchase order. No other documents shall be considered. These documents will constitute the entire agreement between the DDOC and the Vendor.

v. Applicable Law

The laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful Vendor consents to jurisdiction and venue in the State of Delaware.

In submitting a proposal, Vendors certify that they comply with all Federal, State and local laws applicable to its activities and obligations including:

- 1) The laws of the State of Delaware;
- 2) The applicable portion of the Federal Civil Rights Act of 1964;
- 3) The Equal Employment Opportunity Act and the regulations issued there under by the Federal Government;
- 4) A condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
- 5) That programs, services, and activities provided to the general public under resulting contract conform to the Americans with Disabilities Act of 1990, and the regulations issued there under by the Federal government.

If any Vendor fails to comply with (1) through (5) of this paragraph, the DDOC reserves the right to disregard the proposal, terminate the contract, or consider the Vendor in default.

The selected Vendor shall keep itself fully informed of and shall observe and comply with all applicable existing Federal and State laws, and County and local ordinances, regulations and codes, and those laws, ordinances, regulations, and codes adopted during its performance of the work.

w. Scope of Agreement

If the scope of any provision of the contract is determined to be too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

x. Other General Conditions

- 1) Current Version – “Packaged” application and system software shall be the most current version generally available as of the date of the physical installation of the software.
- 2) Current Manufacture – Equipment specified and/or furnished under this specification shall be standard products of manufacturers regularly engaged in the production of such equipment and shall be the manufacturer’s latest design. All material and equipment offered shall be new and unused.
- 3) Volumes and Quantities – Activity volume estimates and other quantities have been reviewed for accuracy; however, they may be subject to change prior or subsequent to award of the contract.
- 4) Prior Use – The DDOC reserves the right to use equipment and material furnished under this proposal prior to final acceptance. Such use shall not constitute acceptance of the work or any part thereof by the DDOC.
- 5) Status Reporting – The selected Vendor will be required to lead and/or participate in status meetings and submit status reports covering such items as progress of work being performed, milestones attained, resources expended, problems encountered and corrective action taken, until final system acceptance.
- 6) Regulations – All equipment, software and services must meet all applicable local, State and Federal regulations in effect on the date of the contract.
- 7) Changes – No alterations in any terms, conditions, delivery, price, quality, or specifications of items ordered will be effective without the written consent of the DDOC.
- 8) Additional Terms and Conditions – The DDOC reserves the right to add terms and conditions during the contract negotiations.

y. Dispute Resolution

The State reserves the right to litigate in the appropriate court of law and/or equity.

F. RFP Miscellaneous Information

1. No Press Releases or Public Disclosure

Vendors may not release any information about this RFP. The DDOC reserves the right to pre-approve any news or advertising releases concerning this RFP, the resulting contract, the work performed, or any reference to the State of Delaware or the DDOC with regard to any project or contract performance. Any such news or advertising releases pertaining to this RFP or resulting contract shall require the prior express written permission of the DDOC.

2. RFP Reference Library

The DDOC has made every attempt to provide the necessary information within this RFP. The DDOC will make the reference library available only to the winning Vendor.

3. Definitions of Requirements

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words shall, will and/or must are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

4. Production Environment Requirements

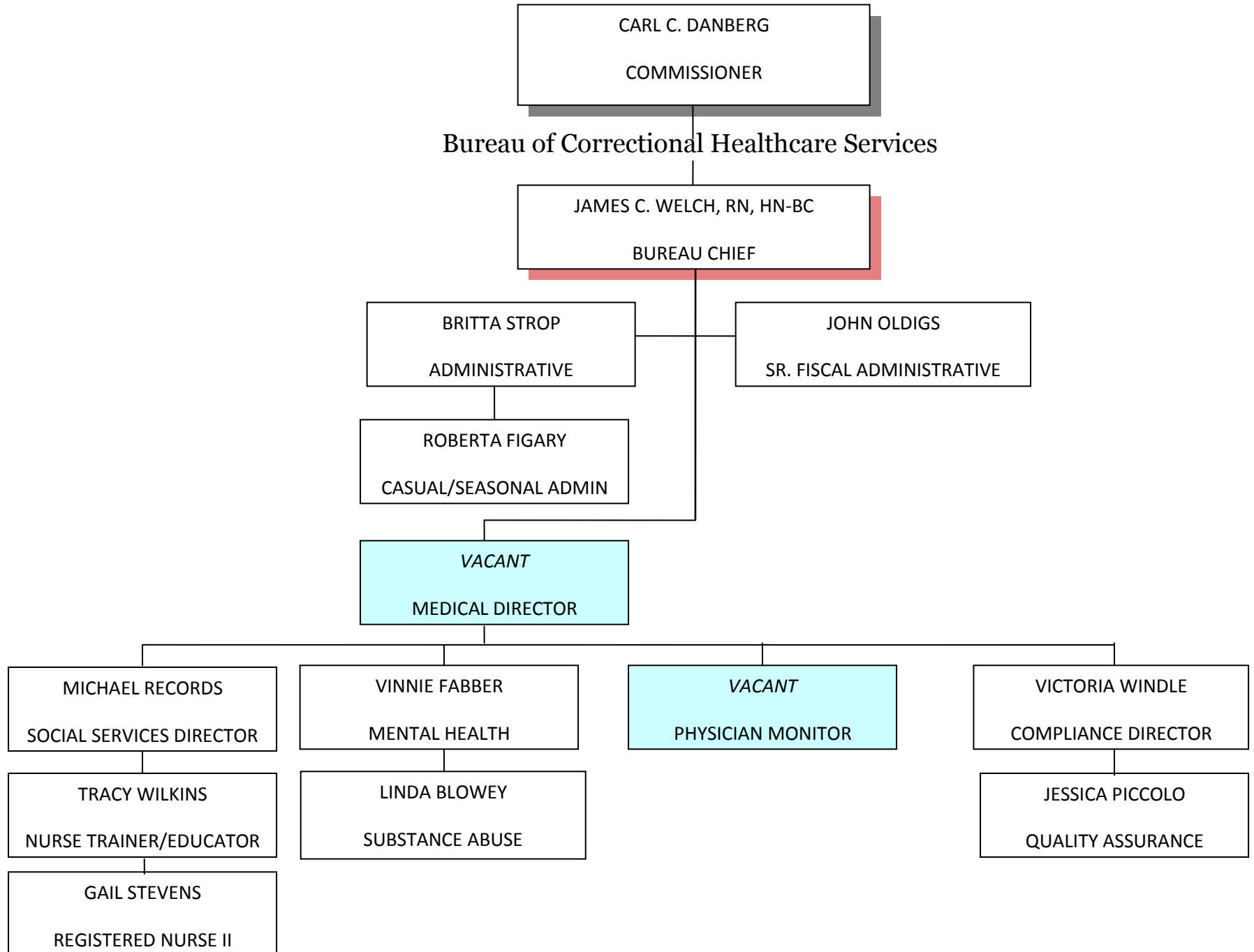
The DDOC requires that all hardware, system software products, and application software products included in proposals be currently in use in a production environment by a least three other customers, have been in use for at least six months, and have been generally available from the manufacturers for a period of six months. Unreleased or beta test hardware, system software, or application software will not be acceptable.

## **APPENDICES**

- A. DDOC Organizational Chart
- B. MH Quality Assurance Matrix
- C. Pricing
- D. Substance Abuse Staffing
- E. MH Staffing
- F. DUI Bill, House Bill 168
- G. SOMB Standards
- H. Suicide Prevention, Policy G-05
- I. BCHS Policy, Policy G-08



APPENDIX A



## APPENDIX B

Subject	Indicator	SCI	JTVCC	BWCI	HRYCI	Audit Results Aggregate	Compliance Goal
<b>MENTAL HEALTH</b>							
<b>Human Resources</b>							
Mental Health Staff Training – Orientation	Orientation: all full-time staff complete in-depth orientation within 90 days of employment						95%
Mental Health Staff Suicide Prevention Training- Initial	Suicide Prevention: staff complete initial suicide prevention training within 30 days of start date						95%
Mental Health Staff Suicide Prevention Training- Renewal	Suicide Prevention: staff complete suicide prevention renewal training annually						95%
CPR & First Aid	CPR: staff maintain CPR certification						95%
Staffing Vacancies – Mental Health	Number of filled mental health FTEs (percentage of minimum staffing filled)						95%
On-Call Psychiatric Coverage	On-call psychiatric services are available 24 hours a day/7 days a week; on-call psychiatric staff respond within 15 minutes of notification						95%
<b>Sick Call</b>							
Face-to-Face Encounter Timeliness	Non-emergent requests for sick call are seen in a face-to-face encounter within 72 hours						95%
Referral to Practitioner Timeliness	If patient is referred to practitioner from sick call, visit occurred within 5 business days (unless emergent/urgent)						95%
<b>Segregation</b>							
Mental Health Rounds at Least Weekly for All Offenders on Segregation	Mental health staff provide cell-to-cell rounds no less than weekly for segregated offenders who do not have a mental health condition						95%
Mental Health Rounds Three Times per Week for Segregation Offenders on Mental Health Roster	Mental health staff provide cell-to-cell rounds three times a week for segregated offenders who have mental health conditions						95%
Evaluation to Rule Out MH Decompensation Prior to Segregation	Mental health staff evaluate offenders with serious mental illness who are placed in segregation within 24 hours of notification of such placement						95%

## APPENDIX B (continued)

Subject	Indicator	SCI	JTVCC	BWCI	HRYCI	Audit Results Aggregate	Compliance Goal
<b>MENTAL HEALTH</b>							
<b>Care and Treatment</b>							
Mental Health Referral	Inmates with non-emergent positive screening for MH problems are seen by qualified mental health professionals within 72 hours						95%
Psychotropic Medication Bridge Orders	Inmates on verified psychotropic medications will have medication(s) ordered within 24 hours of intake						95%
Psychotropic Medication Reorder	No lapse in psychotropic medication reorders						95%
Suicide Observations Assessment	Inmates on suicide observation are seen daily for assessment by a qualified mental health professional						95%
Suicide Observations Discharge Follow-up	Inmates released from suicide watch are seen by mental health professional within 24 hours after release						95%
Psychotropic Medication Labs	Laboratory testing for patients on psychotropic medications that require monitoring is completed every 90 days (or more frequently if clinically indicated)						95%
Psychotropic Medication History Follow-up	Inmates on psychotropic medications prior to intake are assessed within 10 days of intake						95%
Serious Mental Illness Psychiatric Services	Psychiatric staff conduct face-to-face or tele-psych contact at least every 30 days for offenders with serious mental illness						95%
Routine Psychiatric Services	Psychiatric staff conduct face-to-face or tele-psych contact at least every 90 days for offenders who are prescribed psychotropic medication but do not have a serious mental illness						95%
Medication Management	All medication changes and discontinuations include documented face-to-face evaluations by psychiatry staff						95%
Treatment Plans – General Population	Individualized treatment plans are completed at least every 180 days for general population offenders receiving mental health services; treatment plan includes discharge planning						95%
Treatment Plans – SCU	Individualized treatment plans are completed at least every 90 days for offenders receiving mental health services in SCU; treatment plan includes discharge planning						95%
Routine Mental Health Services	Case Manager/Primary Therapists/Mental Health Clinicians conduct face-to-face contacts with offenders on the mental health caseload at least every 30 days						95%

## APPENDIX B (continued)

Subject	Indicator	SCI	JTVCC	BWCI	HRYCI	Audit Results Aggregate	Compliance Goal
<b>MENTAL HEALTH</b>							
<b>Care and Treatment (continued)</b>							
Suicide Prevention Program – Suicidal Inmates	Continuous observation of offenders on PCO I is documented						95%
Suicide Prevention Program – Potentially Suicidal Inmates	Potentially suicidal inmates are monitored on an irregular schedule with no more than 15 minutes between checks						95%
Suicide Risk Assessment	Formalized suicide risk assessment by a qualified mental health professional within 24 hours of the initiation of suicide precautions						95%
Discharge Medication	When notified of an offender's release date to the community, psychiatric staff write an order for a 30 day supply of psychotropic medications or prescription for same, except when such a supply would risk harm to the offender if taken in sufficient amount						95%
<b>SUBSTANCE ABUSE</b>							
SA Treatment - Admission	Substance Abuse Assessment is completed within 3 working days of offenders admission to a Key or Crest Program						95%
SA - Treatment Plans Completed	Substance Abuse Treatment Plans are completed within 8 working days of offenders admission to a Key or Crest Program						95%
SA - Treatment Plans Updated	Substance Abuse Treatment Plans will be updated every 90 days in the Key, Crest and Aftercare Programs						95%
SA - Random Drug Screen	Percentage of offenders who tested Negative for drugs or alcohol in drug screen given randomly during 6 months Aftercare Program						60%
SA - Successful Program Completion	Percentage successful completion of Substance Abuse Program						60% - 80%
Post-Substance Abuse Treatment	Percentage of graduates who complete community post-substance abuse treatment program						60%

## APPENDIX C

### Pricing

NOTE: All price terms are for evaluation purposes only and do not reflect any specific offer or acceptance until final negotiation of the contract.

#### I. Absolute transparency in contractor overhead

All Vendors providing on-site staffing must provide sufficient detail to their proposals so as to clearly identify all costs associated with contractual operations. Bids which do not contain the following items shall be deemed non-responsive;

- A. Staffing costs by position type and count, by facility; aggregate subtotals by position type (count and cost) by facility, and then by statewide total by position type (count and cost), and Grand Total. Each position proposed should show the hourly rate per position.
- B. Other operating costs should be estimated for Programmatic Goods and Supplies.
- C. The contract Administrative fee, while including the fixed profit percentage, should be separated out from the other costs.
- D. Each Vendor must provide information on the percentage profit they are proposing in their application.
- E. Any inflation factors intended to be used must be presented along with the justification for using them and methodology of their application.
- F. The DDOC will consider incentives proposed by the Vendor for maintaining the quality of clinical outcomes based on measurable indicators. The Vendor must be specific on the methodology for collecting measuring the outcomes and the outcomes indicators must be based on standards acceptable to the DDOC BCHS Bureau Chief.

**Note:** The State will consider modifications to this model if, and only if, there is a clear advantage to the State. The Vendors must propose any modifications to the proposal.

**APPENDIX C (continued)**

<b>DDOC, BCHS RFP</b>
-----------------------

**Vendor Name:** \_\_\_\_\_

**Mental Health AND Substance Abuse**

**Based on 7,000 Average Daily Population (ADP)**

<b><u>Fixed Costs</u></b> <i>(should not include mark-up percent)</i>	
Dr./PA/CRNP (Mid-Level Practitioners and Above)*	\$
Line Staff *	\$
Performance Bond	\$
Professional Liability/Malpractice Insurance	\$
<i>Subtotal</i>	\$
<b><u>Management Costs</u></b> <i>(should not include mark-up percent)</i>	
Senior Management	\$
Administrative Overhead	\$
Office Space	\$
Indirect Costs	\$
<i>Subtotal</i>	\$
<b><u>Variable Costs</u></b> <i>(should not include mark-up percent)</i>	
Outside Consults, Medications (if applicable), Laboratory Tests, Medical Supplies & Equipment, Gross Profit, G & A, Legal Representation, Performance Bond, Professional Liability / Malpractice Insurance.	\$
<i>Subtotal</i>	\$
<b><u>Mark-up</u></b>	
Profit over Costs	%
<i>Subtotal</i>	\$
<b>Annual Base Total</b>	<b>\$</b>
Year 1 Performance Incentive Potential	\$
<b>Potential Year 1 Not to Exceed Total</b>	<b>\$</b>

<b><u>Cost Price Inflation Not To Exceed Total</u></b>	
<i>Year 2**</i>	\$
<i>Year 3**</i>	\$
<i>Year 4**</i>	\$

Cost per Offender/day                      \$ \_\_\_\_\_

\*Indicate FT FTEs/Salaried Employees vs. Independent Contractors

## APPENDIX D

### **SUBSTANCE ABUSE PROGRAMS**

#### Sample Staffing Patterns

#### **Key North Program**

#### **At Howard R. Young Correctional Institution**

Based on 200 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 6	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 4
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 7	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 3
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 6	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 4
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**Key Village Program**

**At Baylor Women's Correctional Institution**

Based on 58 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 2
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1



**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**Key South Program**

**At Sussex Correctional Institution**

Based on 120 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 4	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 2
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**CREST/Aftercare North-Men Program**

**At Webb Community Correctional Center**

Based on 76 Bed Capacity plus Aftercare

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 4	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 2
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**CREST/Aftercare North-Women Program**

**At Hazel D. Plant Women's Treatment Facility**

Based on 68 Bed Capacity plus Aftercare

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 3
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

**Sample Staffing Patterns**

**CREST Primary Program**

**At Central Violation of Probation**

Based on 200 Bed Capacity for Men

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 6	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 4
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 6	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 4
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 6	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 4
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 2 Counselors: 4	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

**Sample Staffing Patterns**

**CREST/Aftercare Central Program**

**At Morris Community Correctional Center**

Based on 56 Bed Capacity plus Aftercare

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 4	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 2
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 4	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

**Sample Staffing Patterns**

**CREST/Aftercare South Program**

**At Sussex Community Correctional Center**

Based on 90 Bed Capacity plus Aftercare

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 1 Counselors: 3
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 3	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 3
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 1 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 8:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

**Sample Staffing Patterns**

**6 For 1 Program**

**At Howard R. Young Correctional Institution**

Based on 80 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors:
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 2
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**Young Criminal Offender Program (YCOP)**

**At Howard R. Young Correctional Institution**

Based on 40 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 2	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 1 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0



**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**Boot Camp Program**

**At Sussex Correctional Institution**

Based on 100 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b>		
<b>Monday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	
<b>Tuesday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	
<b>Wednesday</b> 7:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	
<b>Thursday</b> 7:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	
<b>Friday</b> 7:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	
<b>Saturday</b>		

Program Director and Administrative Assistant shared with Key South Program

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**6 For 1 Women Program**

**At Baylor Women's Correctional Institution**

Based on estimated 30 Bed Capacity

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors:
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0

Administrative Assistant position to be shared with The Key Village Program.

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**DUI for Men Program**

**Institution to be determined**

Based on estimated 50 participants

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors:
<b>Monday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Tuesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Wednesday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Thursday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Friday</b> 7:00 a.m. – 8:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Saturday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0

Possible staffing options to include Program Director and Administrative Assistant positions to be shared with DUI for Women Program.

**APPENDIX D (continued)**

**SUBSTANCE ABUSE PROGRAMS**

Sample Staffing Patterns

**DUI for Women Program**

**At Baylor Women's Correctional Institution**

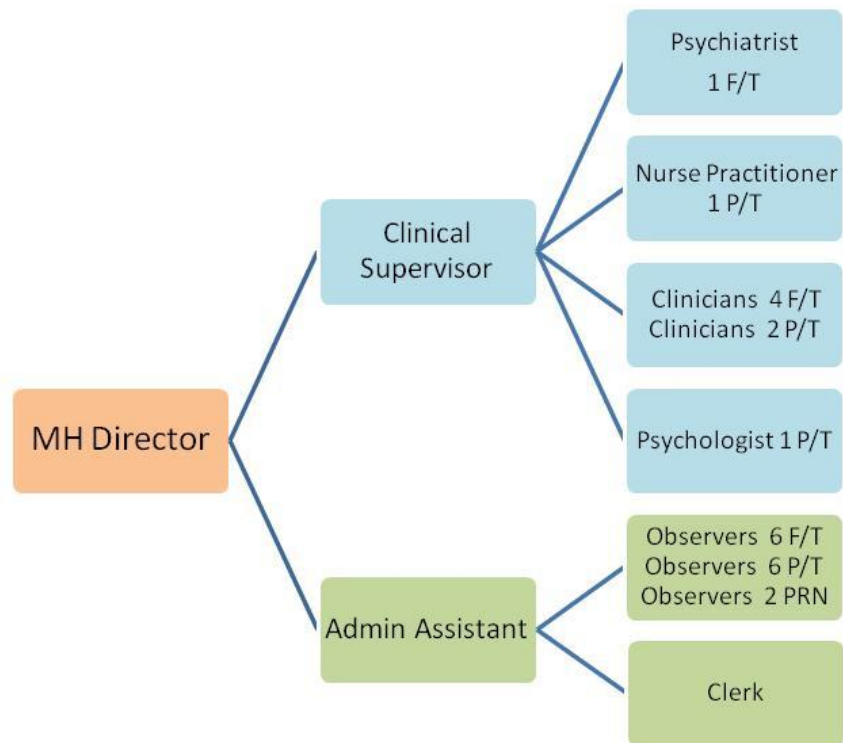
Based on estimated 20 participants

<b>Date / Time</b>	<b>A. M. Shift</b>	<b>P. M. Shift</b>
<b>Sunday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0
<b>Monday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0
<b>Tuesday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Wednesday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0
<b>Thursday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 0	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1
<b>Friday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 1 Administrative Assistant: .5 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0
<b>Saturday</b> 8:00 a.m. – 5:00 p.m.	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 1	Program Director: 0 Administrative Assistant: 0 Clinical Supervisor: 0 Counselors: 0

Possible staffing options to include Program Director and Administrative Assistant positions to be shared with DUI for Women Program.

## APPENDIX E

### BWCI - WTC - PLUMMER - WEB MENTAL HEALTH DEPARTMENT



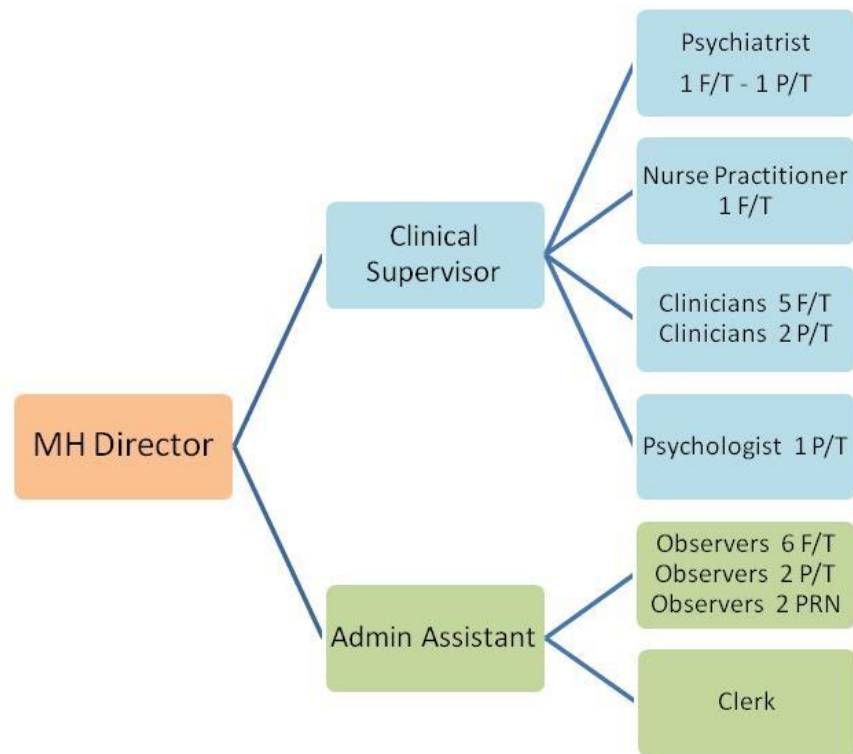
F/T = FULL TIME

P/T = PART-TIME (16-20 HRS)

PRN = AS NEEDED

**APPENDIX E (continued)**

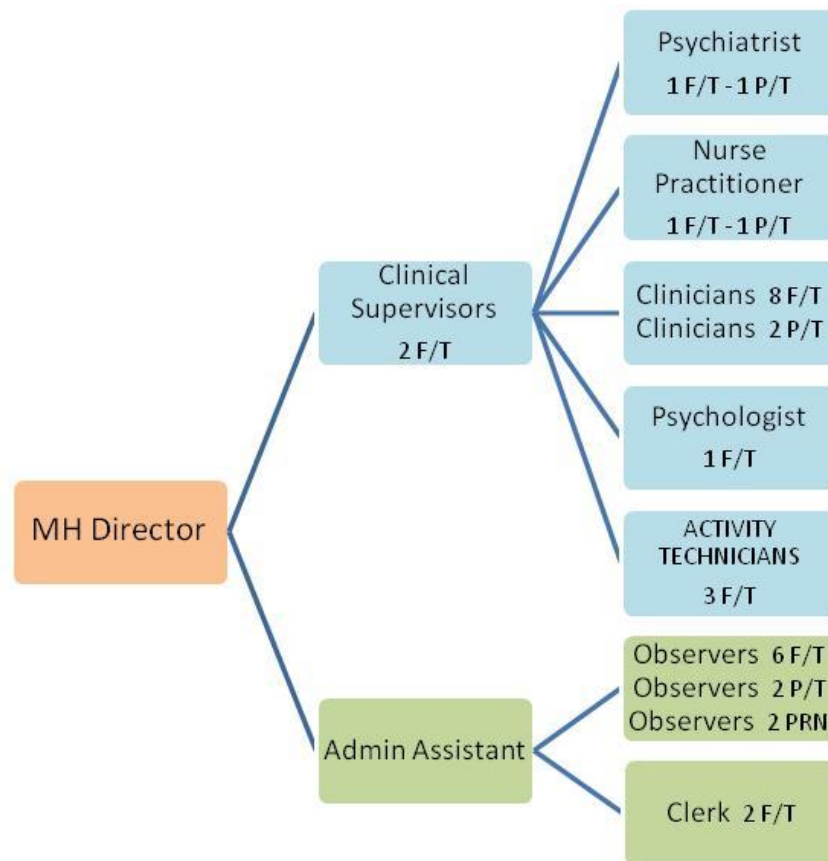
**HRYCI MENTAL HEALTH DEPARTMENT**



F/T = FULL TIME  
P/T = PART TIME  
PRN = AS NEEDED

APPENDIX E (continued)

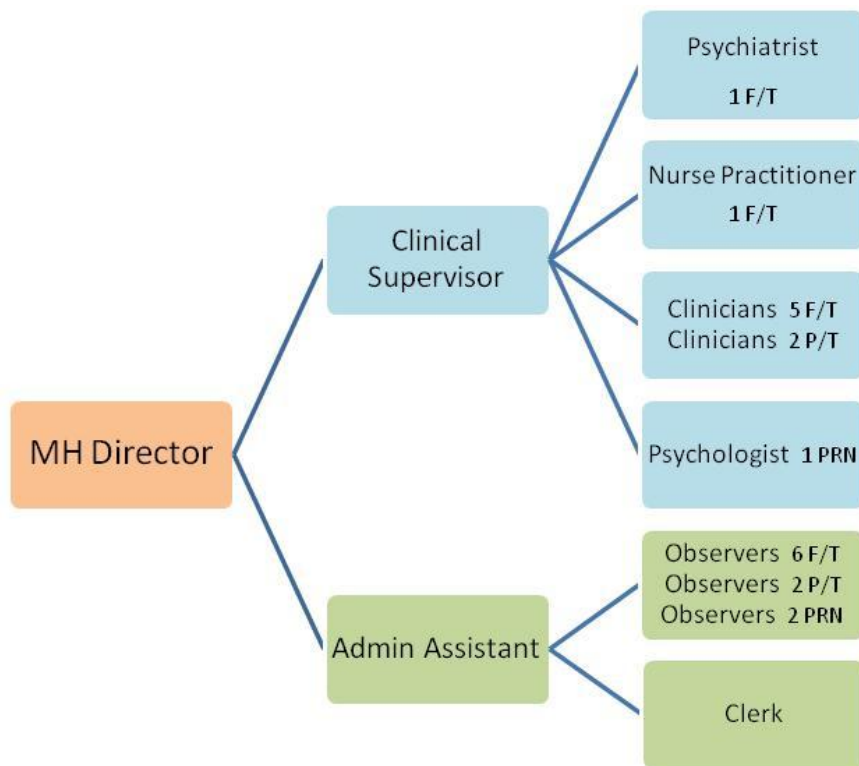
JTVCC - MORRIS - CVOP MENTAL HEALTH DEPARTMENT



F/T = FULL TIME  
P/T = PART TIME  
PRN = AS NEEDED

APPENDIX E (continued)

SCI / SCCC MENTAL HEALTH DEPARTMENT



F/T = FULL TIME  
P/T = PART TIME  
PRN = AS NEEDED



## APPENDIX F



SPONSOR: Rep. Keeley & Sen. Blevins  
Reps. Q. Johnson, Kowalko, D. Short, Wilson; Sens.  
Bushweller, Ennis, Sorenson

HOUSE OF REPRESENTATIVES  
146th GENERAL ASSEMBLY

HOUSE BILL NO. 168

AN ACT TO AMEND TITLE 21 OF THE DELAWARE CODE RELATING TO DRIVING A VEHICLE WHILE  
UNDER THE INFLUENCE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

1           Section 1. Amend § 4177(c)(6)b., Title 21 of the Delaware Code by striking the number "20"  
2 as it appears in that subparagraph and substituting in lieu thereof ".15".

3           Section 2. Amend § 4177(d)(1), Title 21 of the Delaware Code by striking the phrase "6  
4 months or both, and shall be required to complete an alcohol evaluation and a course of instruction  
5 and/or rehabilitation program pursuant to § 4177D of this title, which may include confinement for a  
6 period not to exceed 6 months, and pay a fee not to exceed the maximum fine." as it appears in that  
7 paragraph and by substituting in lieu thereof the phrase "12 months or both."

8           Section 3. Amend § 4177(d)(2), Title 21 of the Delaware Code by inserting the phrase  
9 "occurring at any time within 10 years of a prior offense" between the phrases "second offense" and "  
10 be fined not less than \$750" as they appear in that paragraph.

11           Section 4. Amend § 4177(d)(3), Title 21 of the Delaware Code by striking that paragraph in its  
12 entirety and by substituting in lieu thereof the following:

13           "(3) For a third offense occurring at any time after two (2) prior offenses, be guilty of a class G  
14 felony, be fined not more than \$5,000 and be imprisoned not less than 6 months nor more than 2  
15 years."

16           Section 5. Amend § 4177(d)(4), Title 21 of the Delaware Code by striking the phrase "less  
17 than \$3,000 nor" as it appears in that paragraph.

18           Section 6. Amend § 4177(d)(5), Title 21 of the Delaware Code by striking the phrase “less  
19 than \$3,500 nor” as it appears in that paragraph.

20           Section 7. Amend § 4177(d)(4), Title 21 of the Delaware Code by striking the phrase “2 years”  
21 as it appears in that paragraph and by substituting in lieu thereof the phrase “1 year”.

22           Section 8. Amend § 4177(d)(6), Title 21 of the Delaware Code by striking the phrase “less  
23 than \$5,000 nor” as it appears in that paragraph.

24           Section 9. Amend § 4177(d)(6), Title 21 of the Delaware Code by striking the phrase “5 years”  
25 as it appears in that paragraph and by substituting in lieu thereof the phrase “4 years”.

26           Section 10. Amend § 4177(d)(7), Title 21 of the Delaware Code by striking the phrase “less  
27 than \$10,000 nor” as it appears in that paragraph.

28           Section 11. Amend § 4177(d)(7), Title 21 of the Delaware Code by striking the phrase “10  
29 years” as it appears in that paragraph and by substituting in lieu thereof the phrase “5 years”.

30           Section 12. Amend § 4177(d)(8) and (d)(9), Title 21 of the Delaware Code by striking the  
31 current language of those paragraphs in its entirety and by substituting in lieu thereof the following:

32           “(8) For the third, fourth, fifth, sixth, seventh offense or greater, the provisions of § 4205(b) or  
33 § 4217 of Title 11 or any other statute to the contrary notwithstanding, at least one-half of any  
34 minimum sentence shall be served at Level V and shall not be subject to any early release, furlough  
35 or reduction of any kind. The sentencing court may suspend up to one-half of any minimum sentence  
36 set forth in this section provided, however, that any portion of a sentence suspended pursuant to this  
37 paragraph shall include participation in both a drug and alcohol abstinence program and a drug and  
38 alcohol treatment program as set forth in paragraph (d)(9) of this section. No conviction for a violation  
39 of this section, for which a sentence is imposed pursuant to this paragraph, shall be considered a  
40 predicate felony for conviction or sentencing pursuant to § 4214 of Title 11. No offense for which  
41 sentencing pursuant to this paragraph is applicable shall be considered an underlying felony for a  
42 murder in the first degree charge pursuant to § 636(a)(2) of Title 11.

43           (9) Any minimum sentence suspended pursuant to paragraph (d)(8) shall be upon the  
44 condition that the offender shall complete a program of supervision which shall include:

45 a. A drug and alcohol abstinence program requiring that the offender maintain a period of not  
46 less than 90 consecutive days of sobriety as measured by a transdermal continuous alcohol  
47 monitoring device. In addition to such device, the offender shall participate in periodic, random breath  
48 or urine analysis during the entire period of supervision.

49 b. An intensive inpatient or outpatient drug and alcohol treatment program for a period of not  
50 less than 3 months. Such treatment and counseling may be completed while an offender is serving a  
51 Level V or Level IV sentence.

52 c. Any other terms or provisions deemed appropriate by the sentencing court or the  
53 Department of Correction.”

54 Section 13. Amend § 4177(d)(11), Title 21 of the Delaware Code by striking the phrase  
55 “paragraph (d)(3) or (4)” as it appears each time in that paragraph and by substituting in lieu thereof  
56 the phrase “paragraphs (d)(3), (4), (5), (6), or (7)”.

57 Section 14. Amend § 4177(d)(12), Title 21 of the Delaware Code by striking the phrase  
58 “paragraph (d)(3), (4) or (9)” as it appears in that paragraph and by substituting in lieu thereof  
59 “paragraphs (d)(3), (d)(4), (d)(5), (d)(6), (d)(7), (d)(8) or (d)(9)”.

60 Section 15. Amend § 4177(e) and (f), Title 21 of the Delaware Code by striking the current  
61 language of those subsections in its entirety and by substituting in lieu thereof the following:

62 “(e) In addition to any penalty for a violation of subsection (a) of this section, the Court shall,  
63 for any individual with an alcohol concentration of .15 or more or who refused a chemical test, prohibit  
64 the person convicted from operating any motor vehicle unless such motor vehicle is equipped with a  
65 functioning ignition interlock device; the terms of installation of the device and licensing of the  
66 individual to drive shall be as set forth in § 4177C of this Title. A person who is prohibited from  
67 operating any motor vehicle unless such motor vehicle is equipped with a functioning ignition interlock  
68 device under this Title at the time of an offense under subsection (a) of this section shall, in addition to  
69 any other penalties provided under law, pay a fine of \$2,000 and be imprisoned for 60 days.

70 (f) In addition to any penalty for a violation of subsection (a) of this section, the Court shall  
71 order the person to complete an alcohol evaluation and to complete a program of education or  
72 rehabilitation pursuant to § 4177D of this Title which may include inpatient treatment and be followed

by such other programs as established by the treatment facility, not to exceed a total of 15 months and to pay a fee not to exceed the maximum fine.”.

Section 16. Amend § 4177(h)(1), Title 21 of the Delaware Code by inserting the phrase “or the presence or concentration of any drug” between the phrases “alcohol concentration” and “pursuant to this section” as they appear in such subsection.

Section 17. Amend § 4177(h)(1)d., Title 21 of the Delaware Code by inserting the phrase “, drugs or both” between the phrases “contained the alcohol” and “therein stated” as they appear in such subsection.

Section 18. Amend § 4177(h)(2)c., Title 21 of the Delaware Code by inserting the phrase “or the presence or concentration of any drug” between the phrases “alcohol concentration” and “within the meaning” as they appear in such subsection.

Section 19. Amend § 4177, Title 21 of the Delaware Code by redesignating subsection (j) as subsection (k) and by inserting a new subsection (j) as follows:

“(j) The Justice of the Peace Courts shall not have jurisdiction to try any violations of this section. The Justice of the Peace Courts shall have jurisdiction to accept pleas of guilt and to impose sentences for violations of this section that are not subject to sentencing pursuant to paragraphs (d)(3) through (d)(9) of this section and to enter conditional adjudications of guilt requiring or permitting a person to enter a first offender election pursuant to § 4177B of this title.”

Section 20. Amend § 4177A(a)(2), Title 21 of the Delaware Code by striking the number “24” as it appears for the first time in that subsection and by inserting in lieu thereof the number “18”.

Section 21. Amend § 4177B(a)(6), Title 21 of the Delaware Code by striking the phrase “§ 4177(d)(9)” as it appears in that paragraph and by inserting in lieu thereof the phrase “§ 4177(d)(10)”.

Section 22. Amend § 4177B(a), Title 21 of the Delaware Code by inserting the word “shall” between the phrases “may defer further proceedings and” and “place the accused on probation” as they appear in that subsection.

Section 23. Amend § 4177B(e)(2)a., Title 21 of the Delaware Code by striking the number “5” as it appears in that subparagraph and by substituting in lieu thereof the number “10”.

Section 24. Amend § 4177B(e)(2)b., Title 21 of the Delaware Code by striking the current language of that subparagraph in its entirety and by substituting in lieu thereof the following:

“b. For sentencing pursuant to § 4177(d)(3), (d)(4), (d)(5), (d)(6), (d)(7), (d)(8) or (d)(9) of this title there shall be no time limitation and all prior or previous convictions or offenses as defined in paragraph (1) of this subsection shall be considered for sentencing.”

Section 25. Amend § 4177B(e)(2)c., Title 21 of the Delaware Code by striking that subsection in its entirety and by redesignating § 4177B(e)(2)d. as § 4177B(e)(2)c.

Section 26. Amend § 4177B(f)(1), Title 21 of the Delaware Code by striking the number “5” as it appears in that paragraph and by substituting in lieu thereof the number “10”.

Section 27. Amend § 4177B(f)(3), Title 21 of the Delaware Code by striking the current language of that paragraph in its entirety and by substituting in lieu thereof the following:

“(3) Paragraph (a)(4) of this section. However, if a person has a blood alcohol concentration of .15 or greater, § 4177C(c) of this title shall apply. A person with a blood alcohol concentration of .15 or greater shall not be permitted to participate in the FOE-IID program pursuant to § 4177B(g) of this title.”

Section 28. Amend § 4177C(c), Title 21 of the Delaware Code by striking the phrase “FOE-IID Diversion pursuant to § 4177B(g) of this title, and is enrolled in a course of instruction and/or program of rehabilitation pursuant to §§ 4177B(g) and 4177D” as it appears in that subsection and substituting in lieu thereof the phrase “First Offenders Election pursuant to § 4177B of this title, and is enrolled in a course of instruction and/or program of rehabilitation pursuant to § 4177D”.

Section 29. Amend § 4177L, Title 21 of the Delaware Code by inserting new subsections (d) and (e) as follows:

“(d) In addition to any penalty for a violation of subsection (a) of this section, the Court shall order the person to complete a drug and alcohol evaluation and to complete a program of education or rehabilitation pursuant to § 4177D of this title.

(e) The Justice of the Peace Courts shall not have jurisdiction to try any violations of this section. The Justice of the Peace Courts shall have jurisdiction to accept pleas of guilt and to impose sentence for violations of this section.”

Section 30. Amend § 4177M, Title 21 of the Delaware Code by designating the current language of that section in its entirety as subsection (a) thereof and by inserting new subsections (b) and (c) as follows:

“(b) In addition to any penalty for a violation of subsection (a) of this section, the court shall order the person to complete a drug and alcohol evaluation and to complete a program of education or rehabilitation pursuant to § 4177D of this title.

(c) The Justice of the Peace Courts shall not have jurisdiction to try any violations of this section. The Justice of the Peace Courts shall have jurisdiction to accept pleas of guilt and to impose sentences for violations of this section.”.

Section 31. Amend § 2742(f)(2), Title 21 of the Delaware Code by inserting after the phrase “conclusive evidence of said violation.” the following:

“Any chemical test report or any evidence obtained through a preliminary screening of a person’s breath in order to estimate the alcohol concentration of the person at the scene or other initial encounter between a law enforcement officer and the person shall be considered in any hearing under this section and shall be presumptive evidence of the presence and/or quantity of alcohol, drugs or both within the person regardless of whether the report or results would be admissible in any other proceeding to determine probable cause or the guilt of a person pursuant to any other provision of this Code.”

Section 32. Amend § 2742(f)(3), Title 21 of the Delaware Code by inserting after the phrase “conclusive evidence of said violation.” the following:

“Any chemical test report or any evidence obtained through a preliminary screening of a person’s breath in order to estimate the alcohol concentration of the person at the scene or other initial encounter between a law enforcement officer and the person shall be considered in any hearing under this section and shall be presumptive evidence of the presence and/or quantity of alcohol, drugs or both within the person regardless of whether the report or results would be admissible in any other proceeding to determine probable cause or the guilt of a person pursuant to any other provision of this Code.”.

## SYNOPSIS

This Act strengthens criminal penalties for Driving Under the Influence ("DUI"). The window during which a second offense qualifies for enhanced penalties is increased from five to ten years and the window for a third offense to be considered a felony is removed altogether. The minimum sentences for felony level offenses are established in a stepwise fashion to provide increased sanctions for each subsequent offense. The Act allows the Court to suspend up to half of the minimum sentence for felony offenders but requires that in such instances the offender must participate in a program which includes intensive treatment as well as drug and alcohol abstinence for not less than 90 consecutive days. The Act requires the use of transdermal monitoring devices to ensure the period of alcohol abstinence. This Act provides for a "single track" for DUI cases wherein only one trial is required for misdemeanor DUI offenders; the trial will occur in the Court of Common Pleas. The Act clarifies that Ignition Interlock Devices ("IID") are required for all offenders with an alcohol concentration of .15 or more, and for those who refused a chemical test. The Act further clarifies the admissibility of chemical test reports and evidence in administrative license revocation hearings. The Act also makes various amendments to harmonize existing provisions with prior amendments.

## APPENDIX G

### STANDARDS FOR SEX OFFENSE-SPECIFIC EVALUATIONS

- 2.0** Each sex offender shall receive an evaluation that examines the interaction of the offender's mental health, social/systemic functioning, family and environmental functioning, and offending behaviors. Sex offense specific evaluations are not intended to replace more comprehensive psychological or neuropsychological evaluations. Evaluators have an ethical responsibility to conduct evaluations in a comprehensive and factual manner regardless of the offender's status within the criminal justice system.
- 2.1** The evaluation shall be completed by a Sex Offender Management Board approved provider.
- 2.2** The evaluation shall follow the sex offender through the criminal justice system, whether on probation, parole, or incarcerated. If more than one assessment is required on an offender, old assessments will be shared with the current evaluator in accordance with state and federal law.
- 2.3** **DD-**Those individuals completing evaluations on sex offenders with developmental disabilities shall meet the SOMB standards set forth in section 4.000.
- 2.4** Assessment is an ongoing process and should continue as the offender transitions through treatment and supervision. Members of the community supervision team should assess each offender on a regular basis to identify changes in risk level. Further screening and testing may be required to address a specific issue. Evaluators may be asked to update a full assessment with additional testing.
- 2.5** The evaluator shall obtain the offender's informed assent by advising him/her of the evaluation methods to be used, the purpose of the evaluation, and to whom the information will be provided. Results of the evaluation should be shared with the offender. The evaluator shall explain the limits of confidentiality and the obligations regarding mandatory reporting of child abuse.
- 2.6** **DD-** When assessing and evaluating a sex offender with developmental disabilities the evaluator shall obtain the assent of the legal guardian, if applicable, and the informed assent of the offender.
- 2.7** **DD-** When assessing and evaluating a sex offender with developmental disabilities the evaluator shall make every effort to interview the caretaker as a means of gathering historical information.
- 2.8** When assessing a sex offender who is already in the criminal justice system or has a history in the system, the evaluator shall gather historical information from the probation officer.



**2.9** To ensure the most accurate prediction of risk for sex offenders, the following evaluation modalities are required in performing a sex offense-specific evaluation:

- Use of instruments that have specific relevance to evaluating sex offenders.
- Use of instruments with demonstrated reliability and validity.
- Examination and integration of criminal justice information and other collateral information including;
  - Details of the current offense(s)
  - Documents that describe victim trauma
  - Scope of offender's sexual behavior other than the current offense
- Structured clinical and sexual history interview.
- Offense specific psychological testing and standardized assessment instruments when applicable.
- Testing of deviant arousal or interest (i.e. Plethysmograph, Abel Screening) when applicable.
- Use of at least one validated risk assessment instrument.

*Evaluation instruments and processes will be subject to change as more is learned in this area. Because measures of risk are imperfect, evaluation and assessment must be done by collecting information through a variety of methods. Evaluation and assessment therefore currently involve the integration of physiological, psychological, historical, and demographic information to adequately assess a sex offender's level of risk and amenability to treatment. When the evaluator is in doubt, s/he should err on the side of protecting community safety in drawing conclusions and making recommendations.*

**2.10** A sex offense-specific evaluation shall address the following required areas:

- Cognitive Functioning
- Mental Health
- Medical/Psychiatric Health
- Drug/Alcohol Use
- Stability of Functioning
- Developmental History
- Sexual Evaluation
- Risk
- Motivation and Amenability to Treatment

The evaluation procedures used for each of the above categories will consist of:

- Clinical interview
- Clinical mental status exam
- Observational assessment
- History of functioning
- Case file/document review
- Collateral information/contact/interview

**2.11** Evaluators must complete a **sexual offense risk assessment tool, at least one cognitive distortion scale, and a scale/test that addresses motivation and amenability to treatment.**

The appended chart lists mandatory evaluation procedures and optional testing/screening instruments.

- 2.12 DD-** Due to the complex issues of evaluating sex offenders with developmental disabilities, methodologies shall be applied individually and their administration shall be guided by the following:
- When possible, instruments should be used that have relevance and demonstrated reliability and validity which are supported by research in the mental health and sex offender treatment fields as they relate to persons with developmental disabilities.
  - If a required procedure is not appropriate for a specific client, the evaluator shall document in the evaluation why the required procedure was not done.
- 2.13 DD-** Evaluators shall also address the level of functioning and neuropsychological concerns for sex offenders with developmental disabilities and make appropriate recommendations regarding treatment modalities and any need for additional behavioral interventions or containment and supervision requirements.
- 2.14** In the evaluation process, physiological testing through the use of polygraph examinations can be useful in understanding an offender's level of deception and denial and is recommended in the evaluation process. The polygraph should not be used to determine guilt or innocence or as the primary finder of facts for legal purposes.
- 2.15** Evaluators have an ethical responsibility to conduct evaluation procedures in a manner that ensures the integrity of testing data, the humane and ethical treatment of the offender, and compliance with the mental health statutes. Evaluators should use testing instruments in accordance with their qualifications and experience. Un-interpreted raw data from any type of testing should never be released to those not qualified to interpret.
- 2.16** Any required evaluation areas that have not been addressed, or any required evaluation procedures that have not been performed, shall be specifically noted. In addition, the evaluator must state the limitations and the absence of any required evaluation areas or procedures on the evaluation results, conclusions, or recommendations. When there is insufficient information to evaluate one of the required areas, no recommendations or conclusions will be drawn.

**2.17 Written Report:**

A written report will be submitted to the requesting agency within 45 days of agreeing to complete the evaluation. The written report shall include:

Offender demographic information  
Evaluator information  
Reason for evaluation  
Evaluation methods  
Formal account of the instant offense  
Client's version of the instant offense

Background information

- Family and Social History
- Academic History
- Vocational/Military History
- Sexual History
- Drug and Alcohol History
- Criminal History
- Medical and Psychiatric History
- Sexual Functioning

Behavioral Observations

Risk analysis

DSM-five axis diagnosis

Treatment implications

Summary and recommendations shall include the following topics.

- Level of risk for sexual and violent re-offense
- Specific risk factors requiring management/intervention
- Level of denial
- Treatment of co-existing conditions and need for further assessment
- The need for medical or pharmacological treatment

SOMB approved 2/28/2011

## **APPENDIX G (continued)**

### **Standards of Practice for Treatment Providers**

- 3.0** Sex offense-specific treatment must be provided by a Sex Offender Management Board approved provider.
- 3.1** A provider who treats sex offenders under the jurisdiction of the criminal justice system must use evidence based sex offense-specific treatment. The preferred method of treatment is usually long-term, comprehensive and offense specific. Providers should develop programs that incorporate these concepts.
- 3.2** A provider shall develop a written treatment plan based on the needs and risks identified in current and past assessments/evaluations of the offender.
- 3.3** The treatment plan shall:
1. Provide for the protection of victims and potential victims. Victims should not be placed in the position of having unsafe or unwanted contact with the offender.
  2. Be individualized to meet the unique needs of the offender.
  3. Identify the issues, planned intervention strategies, and the goals of treatment.
  4. Define expectations of the offender and support systems (whenever possible).
- 3.4** The provider shall employ treatment methods that are supported by current professional research and practice:
1. Group therapy (comprised only of sex offenders) is the preferred method of sex offense-specific treatment. Any method of psychological treatment used must contribute to behavioral monitoring of sex offenders. The sole use of individual therapy is not recommended with sex offenders and shall be avoided.
  2. Group therapy may need to be supplemented by treatment for drug/alcohol abuse, marital therapy, and individual crisis intervention. However, group sex-offense specific treatment should remain the primary modality utilized with sex offenders.
  3. The use of male and female co-therapists in group therapy is highly recommended and may be required by the supervising agency.
  4. The ratio of therapists to sex offenders in a treatment group will not exceed 1:8. Treatment group size should not exceed 12 sex offenders.
- 3.5** The content of offense-specific treatment for sex offenders shall be designed to:
1. Give priority to the safety of an offender's victim(s) and the safety of potential victims and the community.
  2. Reduce offenders' denial and defensiveness;
  3. Decrease and/or manage offenders' deviant sexual urges and recurrent deviant fantasies;

4. Educate offenders (and individuals who are identified as the offenders' support systems) about the potential for re-offending and an offender's specific risk factors;
5. Teach offenders self-management methods to avoid a sexual re-offense;
6. Identify and treat the offenders' thoughts, emotions, and behaviors that facilitate sexual re-offenses or other victimizing or assaultive behaviors;
7. Identify and correct offenders' cognitive distortions;
8. Educate offenders about non-abusive, adaptive, legal, and pro-social sexual functioning;
9. Educate offenders about the impact of sexual offending upon victims, their families, and the community;
10. Identify and treat offenders' personality traits and deficits that are related to their potential for re-offending;
11. Identify and treat the effects of trauma and past victimizations on offenders as factors in their potential for re-offending;
12. Identify and reduce any social and relationship skill deficits;
13. Communicate with the offenders' support system to assist in meeting treatment goals; and
14. Evaluate the role culture, sexual orientation, power and control may have on achieving treatment goals.

**3.6** Providers shall make treatment referrals to address offender's co-existing issues.

**3.7** Providers shall maintain client files in accordance with professional standards, state law, federal law and contractual agreements.

Board Approved 4/26/10

## APPENDIX G (continued)

### QUALIFICATIONS OF TREATMENT PROVIDERS AND EVALUATORS

There are distinct clinical functions within the levels of Full Operating and Associate Level Providers. The following sections outline qualifications for Treatment Providers, and Evaluators.

**4.0 TREATMENT PROVIDER- Full Operating Level:** A Full Operating Level Treatment provider may treat sex offenders without supervision and may supervise Associate Level Treatment Providers. To qualify to provide sex offender treatment at the Full Operating Level an individual must meet all the following criteria:

1. The individual shall have a *Masters Degree* in a behavioral science related field and shall have completed within the past five (5) years a minimum of *two thousand (2000) hours* of clinical experience specifically in the areas of evaluation and treatment of sex offenders, at least half of which shall have been face-to-face therapy with adult convicted sex offenders (see definition of clinical experience). **OR**

The individual shall have attained the underlying *credential of licensure or certification and be in good standing* as a physician, psychologist, clinical social worker, professional counselor, marriage and family therapist, or clinical psychiatric nurse specialist **AND**

2. The individual shall have completed within the past five (5) years a minimum of *one thousand (1000) hours* of clinical experience specifically in the areas of evaluation and treatment of sex offenders, at least half of which shall have been face-to-face therapy with adult convicted sex offenders, (see definition of clinical experience). Such clinical experience may have been obtained while seeking licensure or after obtaining licensure: but if it was obtained in part or in full after licensure, it is subject to the same requirements for supervision as required for Treatment Providers under these Standards.

**4.1** The individual shall have had at least eighty (80) hours of documented training specifically related to evaluation and treatment methods described in sections 2.10, 3.4, and 3.5 within the last five years. The individual must demonstrate a balanced training, with fifty (50) of the hours coming from the subject areas listed as sex offense specific training and thirty (30) hours coming from the general topic areas as described below. Twelve (12) of the required fifty (50) hours shall be specific to developmental disabilities, Fifteen (15) hours of required thirty (30) general topic training hours must be in the area of victimology.

Sex offense specific training (at least 50 hours required from these areas):

- Prevalence of sexual offending by adults/victimization rates
- Typologies of adult sex offenders
- Sex offender evaluation and assessment
- Sex offender treatment planning and assessing treatment outcomes
- Community Supervision techniques
- Clinical supervision training
- Treatment modalities, specific recommended applications, justification for use, contra-indicators
- Sex Offender Treatment Techniques including:
  - Evaluating and reducing denial
  - Behavioral treatment techniques
  - Cognitive behavioral techniques
  - Relapse prevention
  - Offense cycle
  - Empathy training
  - Confrontation techniques
  - Safety and containment planning
- Offender/offense characteristics
  - Crossover
- Sex offender risk assessment
- Objective measures including:
  - Polygraph
  - Plethysmograph
  - Abel Assessment
- Special sex offender populations including:
  - Sadists
  - Psychopaths
  - Developmentally disabled
  - Compulsive
  - Juvenile
  - Female
- Family Unification/visitation
- Pharmacotherapy with sex offenders
- Impact of sex offenses
- Assessing treatment progress
- Support system, family stability, parenting skills
- Sex offender attachment style
- Knowledge of laws, policies and ethical concerns relating to confidentiality, mandatory reporting, risk management and offender participation in treatment.
- Ethics
- Philosophy and principles of the Sex Offender Management Board
- Continuing research in the field of adult sexual offending

General topic training areas (at least a total of 30 hours required from these areas, to include 15 hours of victimology:

- Victim issues including impact and treatment
- Knowledge of criminal justice and/or court system, legal parameters and the relationship between the provider and the courts, including expectations related to testifying in court
- Secondary and Vicarious Trauma
- Anger management
- Healthy sexuality and sex education
- Learning Theory
- Multicultural sensitivity
- Understanding transference and counter-transference
- Family dynamics and dysfunction including domestic violence
- Co-morbid conditions, differential diagnosis
- Investigations
- Addictions and substance abuse

- 4.2** To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/ treatment/ management as described in these Standards.
- 4.3** In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association for the Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.
- 4.4** Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the Standards. The references shall include other members of the community supervision team.
- 4.5** The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
- 4.6** At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.



- 4.7** Report any practice that is in significant conflict with the standards.
- 4.8** Providers who are approved at the Full Operating Level and wish to supervise Associate Level Treatment Providers or individuals who have not applied, but are earning their clinical hours, shall submit to the Board supervision agreements with all individuals that they supervise within 30 days from the time the supervision began.
- 4.9** The supervision agreement should specify the frequency and length of supervision, type of supervision, and shall specify accumulated supervision hours. At least one hour of supervision specific to sex offender treatment/evaluation will be provided for every 30 hours of clinical contact with sex offenders.
- 4.10** Full Operating Level Treatment Providers who are supervising individuals who have *not* made application to the SOMB for listing shall conduct co-therapy group treatment, in the same room with that individual, or shall ensure that a Full Operating Level Treatment Provider is conducting co-therapy groups, in the same room, as well as review and sign off on all treatment plans and reports.
- 4.11 Continued Placement on the Provider List:** Treatment providers must apply for continued placement on the list every two (2) years by the date provided by the Board. Requirements are as follows:
- 1.** The Full Operating Level Treatment Provider must demonstrate continued compliance with the standards.
  - 2.** The individual shall accumulate a minimum of six hundred (600) hours of clinical experience every two years, three hundred (300) hours of which shall be face-to-face therapy with adult convicted sex offenders.
  - 3.** If the provider has ten (10) or more years of clinical experience, they may be eligible for an exception to the 300 hours of face-to-face clinical experience, as long as they meet the 600 hours requirement, as determined by the Application Review Committee.
  - 4.** Treatment Providers shall complete a minimum of forty (45) hours of continuing education every three years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sex offenders. Thirty-five (35) hours shall come from the subject areas listed as sex offense specific training, six (6) of the thirty-five (35) hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1. Four (4) of the 10 hours of training in the general topic areas shall be in the area of victimology.

To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

5. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the Standards. The references shall include other members of the community supervision team.

6. The individual shall never have been convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

7. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

8. Report any practice that is in significant conflict with the Standards.

**4.12 TREATMENT PROVIDER- Associate Level:** An Associate Level Treatment Provider may treat sex offenders under the supervision of a Full Operating Level Treatment Provider under these standards. To qualify to provide sex offender treatment at the Associate Level an individual must meet all the following criteria:

**4.13** The individual shall have a baccalaureate degree or above in a behavioral science.

**4.14** The individual shall have completed within the past five (5) years a minimum of six hundred (600) hours of supervised clinical experience. Five hundred (500) hundred hours of supervised clinical experience specifically in the area of treatment of sex offenders. At least half (250) of these hours must be in face-to-face therapy with convicted sex offenders. In addition at least one hundred sixty (160) of these face-to-face hours must have been in co-therapy, in the same room, with a Full Operating Level Treatment Provider.

**4.15** The individual must have received at least one hundred (100) hours of face-to-face clinical supervision by a Full Operating Level Treatment Provider. The supervision must be reasonably distributed over the time in which the above clinical experience was being obtained (approximately one (1) hour of supervision for each 10 hours of clinical experience).

- 4.16** Treatment providers shall complete a minimum of fifty (50) hours of continuing education every five (5) years to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sexual offenders. Forty (40) hours shall come from the subject areas listed as sex offense specific training, twelve (12) of the forty hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1. Four (4) of the ten (10) hours of training in the general topic areas shall be in the area of victimology:
- 4.17** To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.
- 4.18** In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association of Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.
- 4.19** Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the Standards. The references shall include other members of the community supervision team.
- 4.20** The individual shall never have been convicted, plead no contest, or received a deferred judgment for an offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
- 4.21** At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
- 4.22** Individuals who are approved as Full Operating Level Juvenile Treatment Providers may be approved at the Full Operating Level to treat adults under these standards if they meet the following requirements:
- 1.** The individual must be supervised by an adult Full Operating Level Treatment Provider under these standards.

2. Must have one hundred (100) hours of clinical face-to-face contact with convicted adult sex offender.

3. Must meet standards in section 4.1 training requirements.

4. Must meet the requirements identified in Standard 4.11 for continued placement on the list.

**4.23 Movement to Full Operating Level:** Associate Level Treatment Providers wanting to move to Full Operating Level status must complete and submit documentation of all of the requirements listed in section 4.0-4.7 as well as a letter from the applicant's supervisor indicating the applicant's readiness to move to Full Operating Level status.

**4.24 Continue Placement:** Associate Level Treatment Providers must apply for continued placement on the list every two (2) years by the date provided by the Board. Requirements are as follows:

1. The Associate Level Treatment Provider must demonstrate continued compliance with Standards.

2. The individual shall accumulate a minimum of four hundred (400) hours of clinical experience every two years, 200 hours of which shall be face-to-face clinical experience with convicted/adjudicated sex offenders.

3. The individual shall obtain a minimum of one hour of face-to-face supervision, from an individual listed at the Full Operating Level under these standards. For every thirty (30) hours of clinical contact with sex offenders. This standard pertains both to those seeking licensure who have not yet met the licensing requirement of the state and to those who intend to provide treatment at the Associate Level for an indefinite period of time.

4. Associate Level Treatment Providers shall complete a minimum of forty-five (45) hours of continuing education every two years in order to maintain proficiency in the field of sex offender treatment and to remain current on any developments in the assessment, treatment, and monitoring of sex offenders. Thirty-five (35) hours shall come from the subject areas listed as sex offense specific training, six (6) of the thirty-five (35) hours shall be specific to developmental disabilities, ten (10) hours coming from the general topic areas, as described in section 4.1, four (4) of the ten (10) hours of training in the general topic areas shall be in the area of victimology.

5. To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender

assessment/treatment/management as described in these standards.

6. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the standards. The references shall include other members of the community supervision team.

7. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.

8. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

9. Report any practice that is in significant conflict with the standards.

**4.25 EVALUATOR- Full Operating Level:** An evaluator at the Full Operating Level may evaluate sex offenders without supervision and may supervise an evaluator operating at the Associate Level. To qualify to provide sex offender evaluations at the Full Operating Level an individual must meet all the following criteria.

1. The individual must be listed as a Full Operating Treatment Provider and complete all requirements as listed in section 4.0-4.11.

2. An evaluator shall have completed a minimum of forty (40) sex-offense specific evaluations as defined in section 2.000 of these standards within the last five years.

3. The individual shall have had at least eighty (80) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with twenty (20) of the hours coming from the subject areas listed as sex offense specific training and forty (40) hours specifically regarding the evaluation of adult sex offenders and twenty (20) hours coming from the general topic areas as described in section 4.1.

4. To receive credit for training not identified on this list, it is incumbent on the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these Standards.

5. In concert with the generally accepted standards of practice of the individual's mental health profession, the individual shall adhere to the Professional Code of Ethics published by the Association for the Treatment of Sexual Abusers (ATSA). It is the responsibility of each provider/evaluator to comply with this Professional Code of Ethics. The provider/evaluator shall demonstrate competency according to the individual's respective professional standards and conduct all treatment in a manner that is consistent with the reasonably accepted standard of practice in the sex offense specific treatment community.
  6. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the Standards. The references shall include other members of the community supervision team.
  7. The individual shall never have been convicted of, or plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
  8. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
  9. Report any practice that is in significant conflict with the standards.
- 4.26 Evaluators shall comply with section 2.000 Standards for sex-offense specific evaluations.
  - 4.27 Providers who are approved at the Full Operating Level and wish to supervise Associate Level Evaluators or individuals who have not applied, but are earning their clinical hours, shall submit supervision agreements with all individuals that they are supervising within 30 days from the time supervision began.
  - 4.28 The supervision agreement should specify the frequency and length of supervision, type of supervision, and shall specify accumulated supervision hours and that at least one hour (1) of supervision specific to sex offender treatment/evaluation will be provided for every thirty (30) hours of clinical contact with sex offenders.
  - 4.29 Full Operating Level Evaluators who are supervising individuals who have not made application to the SOMB for listing shall review and sign off on all evaluations.

**4.30 Continued Placement on the Provider List:** Evaluators must apply for continued placement on the list every 2 years by the date provided by the Board. Requirements are as follows:

1. The evaluator must demonstrate continued compliance with the Standards.
2. The individual may maintain as a Full Operating Level Treatment Provider and Evaluator. In this case, the individual shall accumulate a minimum of 400 hours of clinical experience every two years, 200 hours of which shall be face-to-face consultation or therapy with sex offenders. This evaluator shall complete a minimum of ten (10) sex-offense specific evaluations in a two year period.
3. The individual shall have had at least forty (45) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with fifteen (15) of the hours coming from the subject areas listed as sex offense specific training six (6) of the fifteen (15) shall be specific to developmental disabilities, twenty (20) hours specifically regarding the evaluation of adult sex offenders, and ten (10) hours coming from the general topic areas as described in section 4.1.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the standards. The references shall include other members of the community supervision team.
5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
7. Report any practice that is in significant conflict with the standards.

**4.31 EVALUATOR- Associate Level:** An evaluator at the Associate Level may evaluate sex offenders under the supervision of an evaluator approved at the Full Operating Level. An evaluator at the Associate Level is an individual who has completed fewer than 40 sex-offense specific evaluations in the last five years. To qualify to provide sex offender evaluation at the Associate Level an individual must meet all the following criteria:

1. The applicant must be listed as an Associate Level or Full Operating Level Treatment Provider.
2. The individual must have received at least fifty (50) hours of face-to-face clinical supervision by a Full Operating Level Treatment Provider. The supervision must be reasonably distributed over the time in which the above clinical experience was being obtained (approximately one (1) hour of supervision for every 10 hours of clinical experience).
3. The individual shall have had at least forty (40) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with ten (10) of the hours coming from the subject areas listed as a sex offense specific training and twenty (20) hours specifically regarding the evaluation of adult sex offenders and ten (10) hours coming from the general topic areas as described in section 4.1.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the standards. The references shall include other members of the community supervision team.
5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.
7. Report any practice that is in significant conflict with the standards.



**4.32 Movement to Full Operating Level Evaluator:** Associate Level Treatment Providers wanting to move to Full Operating Level status must complete and submit documentation of all of the requirements listed in section 4.25, as well as a letter from the applicant's supervisor indicating the applicant's readiness to move to Full Operating Level Status.

**4.33 Continued Placement:** Associate Level evaluators must apply for continued placement on the list every two years by the date provided by the board. Requirements are as follows:

1. The evaluator must demonstrate continued compliance with the standards.
2. The evaluator at the Associate Level shall maintain listing as an Associate Level or Full Operating Level Treatment Provider and shall complete a minimum of ten (10) sex-offense specific evaluations in the two year period.
3. The individual shall have had at least forty (40) hours of documented training specifically related to evaluation and treatment methods described in sections 2.000 and 3.000, and including training in the area of victimology, within the last five years. The individual must demonstrate a balanced training, with ten (10) of the hours coming from the subject areas listed as sex offense specific training, six (6) of the ten (10) hours shall be specific to developmental disabilities, twenty (20) hours specifically regarding the evaluation of adult sex offenders, and ten (10) hours coming from the general topic areas as described in section 4.1.

To receive credit for training not identified on this list, it is incumbent of the trainee to write a justification demonstrating relevance to sex offender assessment/treatment/management as described in these standards.

4. Provide satisfactory references as requested by the Sex Offender Management Board. The Sex Offender Management Board may also solicit such additional references as necessary to determine compliance with the standards. The references shall include other members of the community supervision team.
5. The individuals shall never be convicted of, plead no contest to, or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment.
6. At their own expense, the individual will complete an entire criminal history check including Federal information pursuant to the Federal Bureau of Investigation appropriation of Title 11 of Public Law 92-544 (28 U.S.C. 534). The individual will submit to fingerprinting as part of this process.

7. Report any practice that is in significant conflict with the standards.

**A one time waiver will apply for all those treatment providers and evaluators that are currently providing services to convicted sex offenders as long as they meet the set criteria under the waiver provision by \_\_\_\_\_(date)**

Approved 3/29/10

## APPENDIX H

POLICY OF  STATE OF DELAWARE  DEPARTMENT OF CORRECTION	POLICY NUMBER  G-05	PAGE NUMBER  I of 18
	RELATED NCCHC/ACA STANDARDS: P-G-05, J-G-05, P-E-02, J-E-02, P-E-05, J-E-05, P-A-10, J-A-10/4-4373 (ESSENTIAL)	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES	
EFFECTIVE DATE: 11/14/07	REVISED: 8/01/2010; 3/25/2011; 9/29/2011	
APPROVED FOR PUBLIC RELEASE		

- I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)
- II. PURPOSE:
- a. To implement specific procedures designed to prevent offender suicide and offender harm resulting from intentional self-injurious behaviors and to identify offender risk factors for suicide and self injury.
  - b. To delineate each department's role and responsibilities in suicide prevention and response to suicide attempts or self-injury relative to the various aspects of suicide prevention.
  - c. To implement, maintain and monitor a compliant suicide prevention program, in the correctional setting. Components will include but not be limited to the following:
 

1. Staff Training	7. Intervention
2. Offender Screening/Referral	8. Notification/Reporting
3. Offender Assessment	9. Morbidity and Mortality Review
4. Housing	10. Critical Incident
5. Observation	11. Program Evaluation
6. Communication	

### GENERAL CONSIDERATIONS:

1. The risk of suicide is higher during certain periods of time in the spectrum of incarceration. These include:
  - a. The first twenty four (24) hours
  - b. Arrival at prison
  - c. Intoxication and/or substance abuse

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 2 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

- d. Acute or chronic mental illness
- e. Debilitating physical illness
- f. Isolation (segregation, single cell)
- g. Long sentence
- h. Court proceedings (added charges, denied parole, unexpected outcome)
- i. Significant loss (job, significant other, death)
- j. Bad news (divorce, break-up, foreclosure)
- k. Significant position in the community
- l. Feeling unsafe in jail or prison
- m. History of prior suicide attempts and/or self-injury
- n. Juveniles

2. All custody, medical, and mental health staff have roles and responsibilities in identifying, referring, and managing offender suicidal and self-injurious behaviors. Moreover, mental health and medical staff are directly responsible for the following throughout the entire period of incarceration:

- a. Assessing suicide risk
- b. Assigning levels of risk and care
- c. Evaluating changes in an offender's mental health status
- d. Communicating clearly, effectively, and often with custody, mental health and medical staff on a day to day basis about the status of offenders at risk for suicide and self-injury and about observations of offenders' behaviors in housing units that would suggest they are at risk for suicide or self-injury; and

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 3 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

- e. Providing adequate and appropriate treatment and follow-up to offenders at risk. Such responsibilities do not end with the intake period but continue through the entire period of incarceration.

III. APPLICABILITY: All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.

IV. DEFINITIONS: See glossary.

V. POLICY: Each DOC facility where offenders are housed will implement a Department approved program that is consistent with this policy.

IV. PROCEDURES:

A. Training:

1. All DOC and vendor contractual staff having regular contact with offenders shall undergo an eight (8) hour initial Suicide Prevention Training and a two (2) hour annual Suicide Prevention Refresher. Training will be, at a minimum, consistent with this policy and consist of DOC approved "Suicide Intervention and Prevention" curricula as periodically updated.
2. The DOC Employee Development Center will maintain documented evidence of training as set forth above in every DOC employee training file, as appropriate. Documentation of medical and mental health vendor employee training as set forth above will be maintained by the respective site vendor. The site Health Service Administrator ("HSA") shall maintain documented evidence of initial and annual suicide prevention training in every healthcare employee's training file and shall report compliance with training requirements to the DOC BCHS on a quarterly basis.
3. Vendor and DOC site administrators will ensure that all appropriate employees receive annual suicide prevention training as set forth above.

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 4 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

4. The BCHS and the Employee Development Center will provide the training as set forth above.

B. Screening/Referral

1. All offenders, prior to placement in any housing unit, will be screened by qualified healthcare staff for potential signs and symptoms of suicide risk and referred for mental health intervention, as appropriate, in accordance with the applicable DOC Policy on Receiving Screening-Intake Unit.
2. BCHS promotes the use of offender tracking systems to identify offenders with prior suicide risk issues.
3. Intake staff performing such screenings shall exercise prudent clinical judgment in assessing the risk of suicide and initiating mental health referrals. Staff should not rely exclusively on an offender's denial that they are suicidal and/or have no history of mental illness and suicidal behavior, particularly when their behavior or previous confinement suggests otherwise.
  - a. All offenders identified or suspected of being at-risk for suicide or self-injury at screening or at any other time by custody, medical or mental health staff will remain under constant observation by staff assigned by the mental health provider in a safe cell while an order for placement on psychiatric observation is obtained from the appropriate medical/mental health personnel. Licensed mental health staff shall evaluate as soon as possible, not to exceed twenty four (24) hours, any offender identified as potentially suicidal. All offenders identified as potentially suicidal are assigned a level by a licensed mental health professional. All Psychiatric Close Observation (PCO) offenders are to be evaluated by a psychiatrist or psychiatric nurse practitioner within twenty four (24) hours to evaluate if placement in a more acute setting is necessary. All PCO offenders who are placed in the

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 5 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

infirmary for observation require a physicians order and all appropriate infirmary protocols are to be followed.

- b. Once an inmate is placed on a level of observation after an evaluation by mental health, the inmate is to remain on each level for twenty four (24) hours prior to downgrading or removal. Unless level is adjusted or patient is discharged from PCO by psychiatrist.
- c. All PCO inmates are removed from level by a psychiatrist, licensed PhD psychologist, or NP. If housed in the infirmary they are to be also cleared by medical.
4. All staff members of the institution will communicate clearly and immediately to appropriate medical and/or mental health providers ANY suspicion of offender self-injury or suicidal ideation.

**C. Assessment**

1. All offenders with a positive mental health screening will undergo a comprehensive mental health evaluation that includes a suicide risk assessment by a licensed mental health professional in accordance with DOC policy on Mental Health Screening and Evaluation (policy E-05).
2. Evaluation of offenders by mental health staff will include but not be limited to the following:
  - a. Mental status
  - b. Offender's self-report of behavior resulting in the referral
  - c. Current suicide risk: active/passive ideation, plans, lethality of plan, recent stressors, goal of behavior
  - d. History of suicidal behavior/ideation: when, method used or contemplated, reason/triggering event for attempt, consequences of prior attempts/gestures

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 6 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

- e. Offender's report of his/her potential for suicidal behavior
  - f. Offender's willingness to verbally agree that he/she will not engage in self-injurious behaviors and will notify staff immediately if such feelings occur
3. Mental health staff will request a psychiatric consult whenever clinically indicated.
  4. Offenders who continue to engage in self-injurious behaviors after placement in Suicide Precaution will be evaluated by the psychiatrist and considered for transfer to an inpatient psychiatric setting.

D. Housing

1. The Health Service Administrator ("HSA") and/or Mental Health Director will work collaboratively with site correctional administration to facilitate appropriate housing for offenders placed on Suicide Precautions. Cells designated for such offenders should be made as suicide-resistant as is reasonably possible.
2. Prior to placement of an offender in a suicide precaution cell, correctional staff will conduct an inspection of the cell to ensure that it is free of items that may be used by the offender to self-inflict injury.
3. Offenders on suicide precautions shall be permitted to have only items authorized according to their level of observation (see section E). Any additional restrictions/deviations will be specified by a mental health professional via a written order in the offender's health care record. Such restrictions/deviations will take into consideration security concerns. The Warden or his/her designee will work with mental health to resolve any disputes with custody staff regarding the appropriate restrictions/privileges in a particular instance.



STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 7 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

4. When the removal of clothing from a suicidal offender is indicated, they shall be issued a suicide-resistant safety garment.
5. The use of chemical/physical restraints shall be avoided whenever possible and used only as a last resort, when the offender is engaging in behavior that presents an imminent risk to self or others, and in accordance with the DOC policy titled Use of Clinical (Therapeutic) Restraints (policy 101.1).

E. Psychiatric Close Observation (PCO)

1. PCO is considered an observational status initiated for offenders deemed to be at risk for suicide or experiencing extreme de-compensation and requiring increased surveillance and management by staff.
2. The PCO plan includes three levels of observation as defined below. Restrictions and required actions under Level I, II, and III are indicated on the Mental Health/Psychiatry Observation Level Sheet (see Attachment A).
  - a. **PCO Level I** - Initiated for an offender who is actively suicidal, either threatening or engaging in self-injurious behavior. These offenders must be housed in cells designated as appropriate for Level I observation and approved by DOC/BCHS. These offenders must be monitored by direct and continuous visual observation by staff assigned by the mental health provider and documented on an observation sheet at least every fifteen (15) minutes. One copy of the observation log is given to the site Mental Health Director, one copy is filed in the offender's medical chart and one copy is given to the Watch Commander.
  - b. **PCO Level II** - Initiated for an offender who is not actively suicidal, but expresses suicidal ideation (i.e., expressing a wish to

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 8 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

die without a specific threat or plan) and/or has a recent prior history of self-destructive behavior or an offender who denies suicidal ideation or does not threaten suicide, but demonstrates other behaviors suspicious for potential self-injury as noted by the offender's actions, current circumstances, or recent history. This level of observation is also used for offenders who due to psychiatric de-compensation, are at risk of injury to self or others. These offenders must be housed in a cell designated as appropriate for Level I or II observation and approved by BCHS. Staff assigned by the mental health provider observes offenders at staggered intervals, not to exceed every fifteen (15) minutes and documents on an observation log. One copy of the observation log is given to the Mental Health Director, one copy is filed in the offender's medical chart and one copy is given to the Watch Commander.

- c. **PCO Level III-** Initiated for an offender who is not expressing suicidal ideation or severe de-compensation but requires observation until further stabilized or has certain risk factors suggesting a higher potential for becoming severely de-compensated and/or suicidal as compared to the offender without such risk factors. These offenders must be housed in a cell designated as appropriate for Level I, II, or III observation and approved by BCHS. Staff assigned by the mental health provider observes offenders at staggered intervals, not to exceed every fifteen (15) minutes and document on an observation log. One copy of the observation log is given to the Mental Health Director, one copy is to be filed in the offender's medical chart, and one copy is to be given to the Watch Commander.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 9 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

3. Other supervision aids, including closed circuit television monitoring and offender observers should only be considered for use as a supplement but never as a substitute for physical observation checks provided by clinical observers.
4. At least one or more of the following staff shall assess and interact with all offenders on Suicide Precautions on a daily basis:
  - a. A licensed mental health professional (LPC)
  - b. A licensed eligible psychologist under the supervision of a licensed psychologist
  - c. A licensed psychologist
  - d. A psychiatric nurse practitioner
  - e. A psychiatrist
5. Each interaction with mental health staff is to be recorded in the progress record on a Psychiatric Observation Note form (see Attachment C) and filed in the offender's medical record.
6. When an offender is placed on any level of observation the referring licensed mental health staff or the first licensed mental health staff to see the offender (if placed on observation through a verbal order) must complete the following:
  - a. An Initial Psychiatric Observation Note including a suicide risk assessment and treatment plan (see Attachment B)
  - b. An order for placement on watch, if housed in the infirmary.
  - c. The Mental Health/Psychiatry Observation Level Sheet which is placed on cell door once completed
  - d. Documentation of placement on observation on the problem list
  - e. Documentation of placement on observation in the observation log

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 10 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

- f. Any memos or other notifications of observation status for custody/administration as required by local policy or procedure
7. All offenders placed on any level of psychiatric observation must have a comprehensive mental health evaluation, including a suicide risk assessment completed prior to their discharge from PCO.
8. A treatment plan for use after discharge will be developed or the current treatment plan updated for all offenders placed on suicide precautions.
9. All offenders on psychiatric observation will undergo a medical evaluation by a psychiatrist or medical provider as soon as possible, but not later than twenty four (24) hours following placement on psychiatric observation. Ongoing medical observation will be provided by nursing staff, who will interact with offenders on psychiatric observation a minimum of one time per day and document each interaction on a progress note.
10. Only a psychiatrist, psychiatric nurse practitioner or licensed PhD psychologist, after a face to face evaluation may downgrade an offender from Suicide precaution level or discharge.
11. An order from a psychiatrist, psychiatric nurse practitioner or licensed PhD psychologist, after a face to face assessment is required to downgrade an offender from PCO Level I, PCO Level II, PCO Level III or to discharge an offender from PCO. An order from an MD is required for discharge from the infirmary.
12. Offenders on psychiatric observation shall be seen daily by at least one of the following:
  - a. a licensed mental health professional clinician (LPC or LCSW)
  - b. licensed psychologist

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 11 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

- c. a licensed eligible psychologist under the supervision of a licensed psychologist
  - d. a psychiatric nurse practitioner
  - e. or a psychiatrist.
13. Offenders can only be discharged from Suicide Precautions after a face to face with a licensed PhD psychologist, psychiatrist, or psychiatric nurse practitioner.
  14. The decision to continue or remove an offender on psychiatric observation is made following a multidisciplinary discussion among custody and medical/mental health providers.
  15. All offenders discharged from psychiatric observation shall receive regularly scheduled post-psychiatric observation follow-up assessments by licensed mental health staff, for as long as is clinically indicated or as directed by the offender's individual treatment plan. All assessments will be documented on approved progress note forms or in SOAP format in the offender's medical record. The site Mental Health Director will ensure that a log is maintained to track psychiatric observation and post psychiatric observation visits and placed in a binder in the infirmary available for review at all times.

Post-psychiatric observation assessment by licensed mental health staff is as follows:

- i. Within twenty four (24) hours of removal from observation
- ii. Within seven (7) days of removal, or more frequently if clinically indicated by the offender's condition
- iii. Fourteen (14) days after removal, or more frequently if clinically indicated by the offender's condition
- iv. Twenty-one (21) to thirty (30) days after removal, or more frequently if clinically indicated by the offender's condition

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 12 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

- v. The site Mental Health Director will ensure that a log is maintained to track post psychiatric observation visits and available at all times.

- 16. All offenders returning from the hospital for emergency or inpatient treatment following a suicide attempt/gesture will be admitted to the infirmary on Level I Observation until they receive an evaluation by a licensed PhD psychologist, a psychiatrist, or a psychiatric nurse practitioner. The site Mental Health Director shall ensure that a psychiatrist is designated as on-call at all times.
- 17. The mental health professional performing the transfer assessment shall contact the on-call psychiatrist or licensed psychologist for consultation and to determine if further precautions are required. This contact shall be documented by the healthcare professional in the offender's medical record.

F. Communication

- 1. Medical staff is responsible for immediately notifying mental health regarding offender suicide/self-injury events and placement of the offender on Suicide Precautions. Notification shall be documented in the health care record.
- 2. The site Mental Health Director shall ensure that a psychiatrist is designated as on-call during non-working hours and that contact information for the individual(s) is made available to medical and custody staff.
- 3. The Mental Health Director or his/her designee is responsible for overseeing maintenance of a daily roster of all offenders on Suicide Precautions and shall have a process for communicating this information to appropriate medical, mental health and correctional staff. The

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 13 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

Observation Log is to be kept in a visible area and maintained by all mental health staff doing infirmary rounds.

4. Regular communication between health care and correctional personnel regarding the current status of offenders on psychiatric observation will occur at a minimum of one (1) time per day; ideally during medical shift report and/or custody briefings. The procedure to facilitate such communication will be as consistent as reasonable between facilities.
5. As part of their daily interaction with and assessment of offenders on suicide precautions, mental health staff shall proactively seek input from the correctional officers regarding the offender's behavior, mood, sleeping pattern, appetite, communication, and any other pertinent factors and document such on the daily psychiatric observation note.
6. Formal multidisciplinary case management meetings, including mental health, medical, and custody staff, shall be held on a weekly basis to discuss the status of all offenders on psychiatric observation. Information gathered from these meetings will be taken into consideration in the development of offender treatment plans. It is the responsibility of the site Mental Health Director to coordinate these meetings.
7. Should an offender on observation require a transfer to an off-site facility or another correctional facility, a member of the healthcare staff (Mental Health Director, Health Service Administrator ("HSA") or their designees) will contact the Watch Commander, who will coordinate the transfer.
8. Should an inmate be scheduled to appear in court while on Psychiatric Close Observation, the court is to be notified by the DOC of the offenders PCO status. Patients on PCO status may attend court hearings at the Court's discretion.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 14 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

G. Intervention

1. Healthcare staff will respond immediately and provide appropriate medical attention to any offender who has attempted suicide or engaged in a self-injurious act in accordance with DOC Emergency Services policy.
  - a. Hanging attempts will be handled in accordance with the procedure "Disposition Following a Hanging Attempt." (see Attachment D)
2. In accordance with site protocols, mental health staff shall be notified regarding any incidence of self-injury or suicide attempts.
  - a. After the offender's medical condition has been stabilized, mental health staff shall perform a clinical evaluation, including mental status, review of staff and offender's report of self-injurious act, and offender's risk of lethality.
  - b. Based on the results of this evaluation, mental health staff will determine the need for further mental health and/or psychiatric intervention and will indicate the required level of suicide precaution.
3. When clinically indicated, administration of emergency psychotropic medication to suicidal offenders shall be in accordance with the DOC Emergency Psychotropic Medications policy.
4. Application of restraint, when clinically indicated, shall be in accordance with the DOC use of Clinical (Therapeutic) Restraints policy.

H. Notification/Reporting

1. Notification and reporting of offender death and/or suicide attempt will be in accordance with the following DOC policies and procedures:



STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 15 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

*Procedure In The Event of an Offender Death and Morbidity and Mortality Review.*

2. The healthcare staff who is notified first of a suicide or suicide attempt will immediately notify the Warden, Health Service Administrator ("HSA") or designee, and Site Mental Health Director.
3. The Site Mental Health Director is responsible for notifying the BCHS Bureau Chief, the Treatment Service Administrator for Mental Health and the DOC Medical Director immediately regarding attempted or completed suicides and a twenty four (24) hour report of the incident is to be completed no later than the next business day. The twenty four (24) hour report is outlined in Policy A-10.1 (Mortality and Morbidity Review).
4. The Warden or designee is responsible for notifying the BCHS Bureau Chief or his/her designee, family members, and any applicable outside authority regarding attempted or completed suicides.
5. All medical and mental health staff who have relevant information regarding a suicide or suicide attempt (e.g. interaction with the offender just prior to the incident, responder to the incident, etc.) shall provide input to the Health Service Administrator ("HSA") and/or Mental Health Director, as requested, regarding their knowledge of the victim and the incident and complete an incident report in DACS, prior to the end of their shift.
6. The Site Mental Health Director shall submit a summary report to the Warden or designee and the BCHS Mental Health Director for Mental Health or designee by the next business day following any attempted or completed suicide. At a minimum, the report will include an overview of previous involvement with mental health, previous suicide attempts, any current mental health treatment, including any issues with compliance

STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER G-05	PAGE NUMBER 16 of 18
SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES		

and/or interruption of treatment (e.g. missed medication doses), relevant information surrounding the immediate incident, medical/mental health response to the incident, and a current status report, with treatment plan, as applicable.

I. Morbidity and Mortality Review

1. The site Health Services Administrator (“HSA”) will coordinate a morbidity and mortality review within thirty days of a completed suicide or a *serious suicide attempt*.
2. The review will be conducted in accordance with DOC Morbidity and Mortality Review policy. At a minimum the review will include:
  - a. the circumstances surrounding the incident
  - b. facility procedures relevant to the incident
  - c. relevant training received by staff involved
  - d. pertinent medical and mental health reports involving the victim
  - e. possible precipitating factors
  - f. recommendations for corrective action, if any
3. A written plan shall be developed to address any identified areas requiring corrective action.

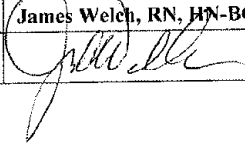
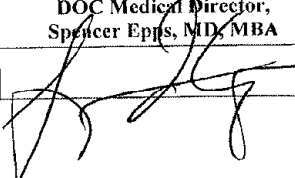
J. Critical Incident Debriefing

1. In the event of a serious suicide attempt or completed suicide, critical incident debriefing is available to all correctional and healthcare staff as well as offenders affected by the incident.
  - a. The site HSA and Mental Health Director shall collaborate with the custody administrative staff to determine the facility’s debriefing protocol.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 17 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

2. Mental health staff will work collaboratively with the facility's designated debriefing team to ensure that information is made available to staff regarding accessing the designated employee assistance entity.
  - a. Mental health staff will make available educational material regarding critical incident stress to affected staff and offenders.
  - b. Affected offenders will be reminded of the process for requesting mental health services, in the event that they should need to do so in the future.
  - c. Mental health staff does not provide ongoing psychological support services to healthcare or correctional staff.
3. For offenders in need of additional psychological services, mental health staff will perform a mental health evaluation and, when clinically indicated, develop a treatment plan to provide psychological and/or psychiatric services necessary to prevent psychological decompensation and promote optimal functioning of the offender within the correctional environment.
4. For maximum effectiveness, the critical incident debriefing and other appropriate support services should be offered within twenty four (24) to seventy two (72) hours following the critical incident.

**Approval:**

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HN-BC	Date	DOC Medical Director, Spencer Epps, MD, MBA	Date
9/29/2011		10/22/11		11/9/11

**References:**

National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-G-02.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-05	<b>PAGE NUMBER</b> 18 of 18
<b>SUBJECT: SUICIDE PREVENTION, POLICIES AND PROCEDURES</b>		

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-02.

American Correctional Association: January 2008 Supplements ALDF, 3-ALDF-4E-28

**Related Material:**

NCCHC Standards P-G-05, J-G-05, P-E-02, J-E-02, P-E-05, J-E-05, P-A-10, DOC Suicide Intervention and Prevention Training Curriculum, and DOC policies on Receiving Screening-Intake Unit, Mental Health Screening and Evaluation, Use of Clinical (Therapeutic) Restraints, Emergency Services, Emergency Psychotropic Medications, Procedure In The Event Of An Offender Death, and Morbidity and Mortality Review.

## DOC

## MENTAL HEALTH/PSYCHIATRY OBSERVATION LEVEL SHEET

Form to be posted on inmate's door and then filed in the medical chart when released from watch

Name: \_\_\_\_\_ SBI: \_\_\_\_\_ Location: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Ordering Provider: \_\_\_\_\_

Nurse signature: \_\_\_\_\_

The authorized provider has ordered the patient to be placed on (Please circle level, housing recommendation, restrictions that apply, and backup recommendation):

LEVEL I (High Risk)	LEVEL II (Moderate Risk)	LEVEL III (Low Risk)
May or May not house alone	May or May not house alone	May or May not house alone
Suicide gown  All Restrictions No bed linen No sharps No personal items No pens/pencils No plastic bags No eating utensils  OTHERS: _____  1:1 Observation  15 minute interval documentation  1:1 Observation when bathing/ shaving	Suicide gown  All Restriction No bed linen No sharps No personal items No pens/pencils No plastic bags No eating utensils  OTHERS: _____  15 minute checks (staggered intervals no greater than 15 minutes)  1:1 Observation when bathing/ shaving	DÖC uniforms  Some restrictions No sharps/razors No plastic bags Remove pens/ pencils when not in use  OTHERS: _____  15 minute checks (staggered intervals no greater than 15 minutes)  1:1 Observation when bathing/ shaving
2/3 man back up YES/NO	2/3 man back up YES/NO	2/3 man back up YES/NO

A mental health evaluation is required to downgrade suicide level. A new sheet is required for each level change.

PSYCHIATRIC OBSERVATION NOTE: INITIAL EVALUATION									
Inmate Name:			SBI#			DOB:			
Date of Evaluation:		Time of Contact:		Institution:		Housing Unit:			
Location of Evaluation		<input type="checkbox"/> Office/Interview Room		<input type="checkbox"/> Cell-Front		Chart Reviewed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Precipitating Events/Reason for PCO									
Statement(s) of Inmate									
Historical (Static) Risk Factors					Review all items.				
Family/close friends history of suicide		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of physical or sexual abuse		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Prior suicidal/self-injurious behavior		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of severe impulsivity		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Prior suicidal/self-injurious ideation		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	History of mental illness/psychiatric tx		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
History of substance abuse		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Cluster B Personality Traits		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Describe above/Additional Narrative:									
Clinical (Current, Dynamic) Risk Factors					Review each item and check all that apply.				
Recent suicidal/self-injurious behavior		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Auditory command hallucinations		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent/current impulsivity		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Hopelessness and/or helplessness		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent assaultive/violent behavior		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Feelings of worthlessness		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Recent suicidal/self-injurious ideation		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Current insomnia with poor appetite		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Premeditated, lethal plan/behavior		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Social withdrawal atypical for inmate		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Lack of future orientation or plans		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Shame, threat to self-esteem, or guilt		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Rigid, all-or-nothing thinking		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Intense turmoil, agitation, anxiety, anguish or despair		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Fatalistic delusions or fantasies		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Elevated anger, hostility or alienation		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Belief that death will bring relief		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Sudden calm following suicide attempt		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Fixed determination to harm/kill self		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Affective instability or lability		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Treatment noncompliance		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?	Fearfulness regarding safety		<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> ?
Suicide notes/giving belongings away									
Other/Additional Narrative:									
Situational (Current, Dynamic) Risk Factors					Review all items.				
Signs of withdrawal/detoxification		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent parole violation/new charge		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Chronic, serious or terminal illness		<input type="checkbox"/> Yes	<input type="checkbox"/> No	First jail/prison sentence		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
New disciplinary charge or sanctions		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent loss, rejection or separation		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Single cell placement		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other recent bad news		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Administrative/disciplinary segregation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trauma or sexual/physical abuse in facility		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
High profile/heinous/shocking crime		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conflicts with peers/officers		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Potential for long/life sentence		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other:					
Describe above:									
Inmate Name:			SBI #:			Housing:			

Protective Factors			Review each item and check all that apply.		
Family support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Realistic future orientation and plans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support from spouse/significant other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Positive goal orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Role in caring for children or dependents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High school or greater level of education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Positive, supportive peer relations	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Treatment compliance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Strong protective spiritual/religious beliefs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Positive coping skills (describe below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other/Additional Narrative:					

Current Mental Status					
Orientation	<input type="checkbox"/> Normal	<input type="checkbox"/> Disoriented to Time	<input type="checkbox"/> Disoriented to Place	<input type="checkbox"/> Disoriented to Person	
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dirty/Malodorous	<input type="checkbox"/> Bizarre	
Attitude	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Dismissive	<input type="checkbox"/> Guarded/Suspicious	<input type="checkbox"/> Hostile/Negative	
Interview	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Threatening	
Behavior	<input type="checkbox"/> Violent	<input type="checkbox"/> Slow	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Tearful	<input type="checkbox"/> Disorganized/Ritualized
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Elated/Expansive	<input type="checkbox"/> Depressed	<input type="checkbox"/> Other:	
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Flat/Blunt	<input type="checkbox"/> Inappropriate/Disorganized	
Perception	<input type="checkbox"/> No Hallucinations <input type="checkbox"/> Hallucinations (describe):				
Cognition	<input type="checkbox"/> No Delusions <input type="checkbox"/> Delusions (describe):				
Suicidal/Self-Injurious Ideation	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe):				
Homicidal/Assaultive Ideation	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe):				
Insight	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	Judgment	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired
Current Stressors:					

Collateral Information	Describe any additional data regarding inmate behavior as reported by Nursing, Custody or Other staff.

Assessment of Current Risk:	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Comments/Discussion of Rationale:			

Diagnostic Impressions	
Axis I:	
Axis II:	
Axis III:	
Axis IV:	
Axis V:	Current: Past Year:

Inmate Name:	SBI #:	Housing:
--------------	--------	----------

<b>Crisis Treatment Plan</b>		
While on Psychiatric observation status, inmate is to be seen by medical staff each shift and by mental health on a daily basis, each business day. Mental health staff will reassess need for psychiatric observation and Crisis Treatment Plan each business day.		
<b>Goal of Crisis Treatment Plan:</b>		
Behavioral safety and stability will be restored, such that the inmate remains free from suicidal, self-injurious, homicidal and/or assaultive ideation, plan or intent.		
<b>Measurable Objectives of Crisis Treatment Plan:</b>		
<input type="checkbox"/> Inmate will report any changes in lethality to security, mental health or medical staff		
<input type="checkbox"/> Inmate will use effective coping skills described under strategies to reduce risk		
<input type="checkbox"/> Inmate will submit sick call to request mental health services as needed		
<input type="checkbox"/> Other:		
<b>Strategies to Manage Risk:</b>		
<input type="checkbox"/> Place on psychiatric observation at Level __ due to:		
<input type="checkbox"/> Step-down to psychiatric observation at Level __ due to:		
<input type="checkbox"/> Discontinue psychiatric observation due to:		
<input type="checkbox"/> Refer to medical for the following issue or concern:		
<input type="checkbox"/> Refer to psychiatrist for evaluation or review of medication		
<input type="checkbox"/> Request information/records from:		
<input type="checkbox"/> Refer for placement on mental health unit		
<input type="checkbox"/> Other:		
<b>Strategies to Reduce Risk:</b>		
<i>(Identify how suicidal/self-harm ideation can be avoided, and specific actions staff and inmate can take to reduce risk and establish safety. Indicate specific interventions for providing interventions, and any communication strategies likely to promote safety.)</i>		
<b>Inmate Strategies:</b>		
<b>Staff Interventions:</b>		
<i>(Psychiatric Staff Only) Medications and Labs Ordered:</i>		
<input type="checkbox"/> Observation status and behavioral crisis added to Master Problem List in medical record		
<input type="checkbox"/> Inmate's Individualized Treatment Plan has been reviewed in light of Crisis Treatment Plan		
Staff Name (printed) with Credentials	Staff Signature	Date and Time
Inmate Name:	SBI #:	Housing:



DE Dept of Correction		<b>PSYCHIATRIC OBSERVATION NOTE: DAILY CONTACT</b>			
Inmate Name:		SBI #		DOB:	
Date of Contact:	Time of Contact:	Institution:		Housing Unit:	
Location of Evaluation	<input type="checkbox"/> Office/Interview Room	<input type="checkbox"/> Cell-Front	Chart Reviewed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Statement(s) of Inmate Regarding Current Safety					
<b>Observations of Inmate Behavior and Responses to Treatment</b>			<i>Describe inmate behaviors that evidence current use of risk reduction strategies identified in Crisis Treatment Plan</i>		
<b>Current Mental Status</b>					
Orientation	<input type="checkbox"/> Normal	<input type="checkbox"/> Disoriented to Time	<input type="checkbox"/> Disoriented to Place	<input type="checkbox"/> Disoriented to Person	
Appearance	<input type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Dirty/Malodorous	<input type="checkbox"/> Bizarre	
Attitude	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Dismissive	<input type="checkbox"/> Guarded/Suspicious	<input type="checkbox"/> Hostile/Negative	
Interview Behavior	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated/Restless	<input type="checkbox"/> Threatening	
	<input type="checkbox"/> Violent	<input type="checkbox"/> Slow	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Tearful	<input type="checkbox"/> Disorganized/Ritualized
Mood	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Elated/Expansive	<input type="checkbox"/> Depressed	<input type="checkbox"/> Other:	
Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Labile	<input type="checkbox"/> Flat/Blunt	<input type="checkbox"/> Inappropriate/Disorganized	
Perception	<input type="checkbox"/> No Hallucinations <input type="checkbox"/> Hallucinations (describe):				
Cognition	<input type="checkbox"/> No Delusions <input type="checkbox"/> Delusions (describe):				
Suicidal/Self-Injurious Ideation	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe):				
Homicidal/Assaultive Ideation	<input type="checkbox"/> No <input type="checkbox"/> Yes (describe):				
Insight	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired	Judgment	<input type="checkbox"/> Good	<input type="checkbox"/> Impaired
<b>Assessment of Current Risk:</b>			<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Comments/Discussion of Change from Status at Initiation of Psychiatric Observation and Rationale:					
<b>Plan:</b>			<input type="checkbox"/> Referral to special needs unit / transition unit		
<input type="checkbox"/> Refer for inpatient psychiatric hospitalization due to continued high risk behavior/failure to improve					
<input type="checkbox"/> Change Observation Level to:			<input type="checkbox"/> Consider discharge from PCO on: (date)		
<input type="checkbox"/> Referral for substance abuse treatment			<input type="checkbox"/> Referral to Medical for (specify):		
<input type="checkbox"/> Additional planned interventions and recommendations:					
(Psychiatric Staff Only) Any New Meds/Labs Ordered:					
Staff Name (printed) with Credentials		Staff Signature		Date and Time	
Inmate Name:		SBI#:		Housing:	

DELAWARE DOC  
PSYCHIATRIC OBSERVATION NOTE

Visit Type: ☐ Daily Visit ☐ Post-Release from Psychiatric Observation

Facility: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Inmate's Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Chart reviewed: ☐ Yes ☐ No Status: ☐ Inpatient ☐ Outpatient Patient seen: ☐ Office/Interview Room ☐ Cellside  
Check One:

☐ Inmate is currently on Psychiatric Observation Level \_\_\_\_ in the Infirmary

☐ Inmate Released from Psychiatric Observation on \_\_\_\_/\_\_\_\_/\_\_\_\_

Statement(s) of inmate: \_\_\_\_\_

**Current Mental Status:**

**OBJECTIVE:**

Appearance: ☐ Neat/clean ☐ Disheveled ☐ Well-nourished/developed ☐ Cooperative ☐ Uncooperative ☐ Hostile ☐ Oppositional ☐ Guarded

Psychomotor: ☐ Normal ☐ Retarded ☐ Unsteady gait ☐ Tremor ☐ Abnormal movements ☐ Rigidity ☐ Restless ☐ Agitated ☐ Grimacing

Speech: ☐ Normal ☐ Nonspontaneous ☐ Slowed ☐ Monotone ☐ Pressured ☐ Slowed ☐ Monotone ☐ Word finding difficulties  
☐ Limited vocabulary ☐ Disorganized ☐ Dysarthria ☐ Dysphasia ☐ Mute ☐ Rapid ☐ Pressured

Mood: ☐ Appropriate ☐ Stable ☐ Euthymia ☐ Depressed ☐ Irritable ☐ Anxious ☐ Fearful ☐ Euphoric

Affect: ☐ Appropriate ☐ Depressed ☐ Angry ☐ Dysphoric ☐ Inappropriate ☐ Blunted ☐ Flat ☐ Expansive ☐ Tearful ☐ Anxious  
☐ Confused ☐ Fearful ☐ Irritable

Thought Process: ☐ Goal-directed ☐ Coherent ☐ Logical ☐ Circumstantial ☐ Tangential ☐ Looseness of Associations ☐ Thought Blocking ☐ Clang associations ☐ Neologisms ☐ Perseverations ☐ Rambling ☐ Flight of Ideas

Thought Content: ☐ Appropriate ☐ Delusion ☐ Phobia ☐ Compulsion ☐ Obsessions ☐ Suicidal ideations ☐ Homicidal ideations  
☐ Thought Broadcasting ☐ Thought Poverty ☐ Thought Control ☐ Ideas of Reference ☐ Paranoia  
☐ Helplessness ☐ Hopelessness

Sensorium: ☐ Awake ☐ Clouded ☐ Confused ☐ Stuporous ☐ Memory -- intact/impaired

Perception: ☐ Intact ☐ Hallucinations ☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory ☐ Gustatory ☐ Illusions

Insight: ☐ Good ☐ Impaired Judgment: ☐ Good ☐ Impaired

Other Objective Data: \_\_\_\_\_

Site: \_\_\_\_\_ Inmate Name: \_\_\_\_\_ SBI: \_\_\_\_\_

**Data regarding inmate behavior as reported by:**

- ☐ Nursing: \_\_\_\_\_
- ☐ Custody: \_\_\_\_\_
- ☐ Other (\_\_\_\_): \_\_\_\_\_

**Overall Assessment:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lethality Assessment:** Is lethality an active issue? ☐ No ☐ Yes (if yes, check all that apply)

- ☐ Suicidal Ideation (describe): \_\_\_\_\_
- ☐ Suicide Plan (describe): \_\_\_\_\_
- ☐ Homicidal Ideation (describe): \_\_\_\_\_

**Plan:**

- ☐ Continued psychiatric observation Level \_\_\_\_ due to: \_\_\_\_\_
- ☐ Continue with treatment goals as checked below
- ☐ Symptoms improved but requires continued observation. Downgrade to Level \_\_\_\_ Psychiatric Observation in Infirmary
- ☐ Continue with treatment goals as checked below
- ☐ Inmate is no longer considered a danger to self or others - Discontinue Psychiatric Observation
- ☐ Cleared for General Population placement
- ☐ Transfer to Mental Health Unit
- ☐ Revise current treatment plan to include goals below

**Treatment Plan Goals and Objectives:**

1. Goal: To remain free of suicidal/homicidal ideation, plan and/or intent

Objective: 1) Inmate will report any changes in lethality to security or \_\_\_\_\_ staff, 2) use effective coping skills as needed, 3) put in sick call to request mental health services as needed

**Intervention:**

- ☐ Mental Health Professional will meet with inmate on \_\_\_\_/\_\_\_\_/\_\_\_\_ to re-assess and plan treatment as needed (must be within 1 business day while on observation or for a post release visit)

2. Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Intervention: \_\_\_\_\_

3. Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Intervention: \_\_\_\_\_

Provider's Signature/Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Site: \_\_\_\_\_ Inmate Name: \_\_\_\_\_ SBI: \_\_\_\_\_

### **DISPOSITION FOLLOWING A HANGING ATTEMPT**

1. Extricate inmate, protecting head and neck as much as possible.
2. Have someone call medical clinic immediately.
3. Give basic first aid
  - A. Monitor and maintain open airway
    1. Look, listen and feel for breathing, if unconscious.
    2. Maintain airway, if necessary, using the modified jaw thrust technique.  
DO NOT tilt the head back.
      - a. Place your fingers behind the angles of the lower jaw
      - b. Bring the jaw forward
      - c. Use your thumbs to pull lower lip down to allow breathing through the mouth.
  - B. If there is no pulse, give cardiopulmonary resuscitation.
  - C. Assume the inmate has spinal cord injury and treat appropriately.
    1. Place inmate flat on floor with head held stable
    2. Do not let inmate or anyone else lift or twist inmate's head
    3. Do not give inmate anything to eat or drink, or any medication
  - D. If there is swelling or discoloration, apply an ice bag to the area.
  - E. Do not leave inmate alone.
    4. Provide medical care prior to mental health involvement.

Never leave inmate unattended until suicide precaution procedures have been implemented.

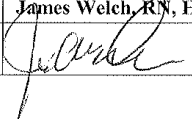
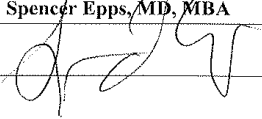
## APPENDIX I

<p style="text-align: center;"><b>POLICY OF</b></p> <p style="text-align: center;"><b>STATE OF DELAWARE</b></p> <p style="text-align: center;"><b>DEPARTMENT OF CORRECTION</b></p>	<p style="text-align: center;"><b>POLICY NUMBER</b></p> <p style="text-align: center;">G-08</p>	<p style="text-align: center;"><b>PAGE NUMBER</b></p> <p style="text-align: center;">1 of 2</p>
<p><b>CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES</b></p>	<p><b>RELATED NCCHC/ACA STANDARDS:</b> P-G-08, J-G-08 (Important)/ 1-HC-1A-34</p> <p><b>SUBJECT:</b> OFFENDERS WITH ALCOHOL AND OTHER DRUG PROBLEMS</p>	
<p><b>EFFECTIVE DATE:</b> 11/14/07</p>		<p><b>REVISED:</b> 4/13/09, 5/19/2010</p>
<p><b>APPROVED FOR PUBLIC RELEASE</b></p>		

- I. **AUTHORITY:** Bureau of Correctional Healthcare Services
- II. **PURPOSE:** Offenders with a history of alcohol or other drug dependency have access to individualized treatment and follow-up care upon release.
- III. **APPLICABILITY:** All Department of Correction (DOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DOC offenders.
- IV. **DEFINITIONS:** See policy.
- V. **POLICY:**
  1. A physician, mental health staff member or Alcohol or Other Drug (AOD) counselor makes the assessment of chemical dependency.
  2. Identified offenders are referred to institutional programs, as appropriate.
  3. The correctional staff is trained in recognizing AOD problems in offenders.
  4. Referral to an appropriate community agency, such as Alcoholic Anonymous or Narcotics Anonymous, will be made upon the offender's release, as appropriate based on knowledge of release and adequate discharge planning time. Mental Health staff and AOD counselor will maintain a listing of appropriate community resources for treatment of chemical dependency.
  5. Offenders who have been monitored for detoxification are referred to mental health staff and AOD program for follow-up.
  6. Offenders who request counseling and other assistance with chemical dependency are referred to the mental health staff and AOD program.

<b>STATE OF DELAWARE</b> <b>DEPARTMENT OF CORRECTION</b>	<b>POLICY NUMBER</b> G-07	<b>PAGE NUMBER</b> 2 of 2
<b>SUBJECT: OFFENDERS WITH ALCOHOL AND OTHER DRUG PROBLEMS</b>		

**Approval:**

Date of Policy/Revision	BCHS Bureau Chief, James Welch, RN, HN-BC	Date	DOC Medical Director, Spencer Epps, MD, MBA	Date
5/19/2010		3 Sept 2010		3 Sept 2010

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-G-08

National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-G-08

American Correctional Association: Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions, 2002, 1-HC-1A-34.